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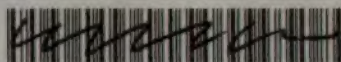
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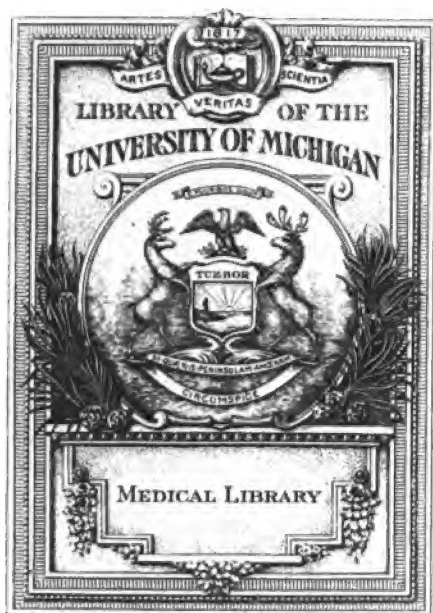
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## *Original Communications.*

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### NASAL POLYPI.—CLINICAL LECTURE AND OPERATION.

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SERVICE OF DUNCAN EVE, M.D.,

*Professor of Surgery and Clinical Surgery in the Medical Department of the University of Tennessee.*

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GENTLEMEN:—We present to you to-day a most interesting case of nasal polypus in the person of this young man, who visits us with a view of securing surgical treatment.

I shall avail myself of this occasion to call your attention to the subject of polypi in general, and of nasal polypi in particular, as you will doubtless meet with many cases in your future practice claiming surgical interference at your hands.

We shall enumerate three principal varieties of nasal polypi, viz.: Gelatinous, cystic and fibroid. Some authors also give us a fourth variety, which they term encephaloid or malignant. Of these varieties you will most often meet with the gelatinous, most frequently occurring in persons of middle age, and rarely met with in the young or the aged. It is usually of slow and insidious growth, giving but little inconvenience to the patient save



some difficulty of respiration. This form springs from the mucous membrane, due to enlargement of the acinus glands, with which the nasal mucous membrane is thickly studded. The gland senlarge, also becomes elongated, and with their saculated fluid contents constitutes the polypus. Virchow declares that in structure they are rudimentary filo-cellular, whitish in color, very much resembling an oyster, or the so-called mucous tissue of the umbilical cord, and seemingly identical in structure with hydatid mole, resulting from hypertrophy of the chorion villi. They may be considered as essentially exaggerated out-growths of the anatomical element of the mucous and sub-mucous tissues, and are mainly made up of hypertrophied follicles and enlarged capillary vessels, held together by fibrous tissue and containing a viscid yellowish fluid, which readily escapes upon being punctured, when we have the microscopical appearance of branched and elongated corpuscles, with indistinct fibrillæ and imperfectly formed filaments. There may be but a single polypus, but most usually they are multiple in character. It is usually pedunculated, of a smooth surface, and pyriform in shape, most frequently hanging down into the nostrils, but occasionally coming out through the posterior nares. Sometimes it becomes impacted in the free space of the nasal cavity, completely occluding the passage and suspending respiration through the nose. These polypi usually originate from the free margin of the superior turbinated bone; next in frequency from the middle. They arise from the frontal sinus, from the antrum of Highmore, but are said never to originate from the septum. Occasionally the removal of one will bring into view vast masses of polypi, which have been compressed in the cavities by their fellows, and we wonder how such small cavities could contain the whole. On account of the hygro-metric nature of their contents, this variety of polypus swells in damp weather, giving much more inconvenience to the sufferer.

From the simple hyperplasia of chronic coryza, Virchow asserts these growths usually take their origin, and at a later period may become really malignant in character.

The cystic variety is usually multiple in character. Unlike the gelatinous, they take their origin from the sub-mucous

tissue, and shoving the mucous membrane before them, have it for an investure. Of all the varieties of polypi they are the most prone to reproduction, and give the surgeon most trouble.

The fibrous or hard variety is much less common than true polypi. It is usually a disease of middle and advanced life, rarely occurring in the young. It has its origin from the periosteum of the posterior portion of the nasal cavity, from the top of the pharynx and posterior nares, and but rarely from the turbinated bones. It may originate from the perichondrium. It sometimes has a small pedicle, but most usually is attached by a broad base. It is of much firmer consistence and acquires a larger bulk than the other varieties. It is red in color, highly vascular, and grows with great rapidity, sometimes strangulating itself or causing the absorption of bones and contiguous tissue, by the pressure which is produced. Sometimes it is pyriform from pendency, but usually fills up and takes the form of the cavities occupied, growing in every direction, and by insinuating itself by prolongations into the sinus communicating with the nose (as in the case before you), produces that kind of deformity denominated "frog-face."

The fibroid is much less liable to return than the other varieties when extirpated.

The surgeon should bear in mind that this particular form of polypus frequently springs from the antrum. I recently operated upon a case by avulsion removing a large mass occupying the anterior and posterior nares. Two weeks subsequently I penetrated the antrum and found it filled with fibroid, which I removed. The case did not require further surgical interference.

The encephaloid variety is much more rapid in growth, and shows a much greater tendency to hemorrhage than the fibrous, and involves the bony structures sooner. The benign fibroid is said very often to become malignant. Probably the most marked differential sign is cachexia, which is manifest usually early in the disease. Some authors mention a peculiar granular polypus occasionally found in the nasal cavities which takes similar connection with the fibroid, complicating the results of operation,

sometimes forming connections with the base of the skull in the same manner as the naso-pharyngeal polypus.

Polypi sometimes become encrusted with calcareous deposits, giving rise to a diagnosis of osseous tumors.

*Treatment.*—Surgeons have resorted to quite a variety of expedients in the treatment of nasal polypi, and many operations have been suggested, as insufflation of astringent remedies, such as alum and tannic acid. Dr. Primus, of Babenhauren, says that saffronized tr. of opium, a preparation of the German Pharmacopœia, possesses the property of gradually destroying nasal polypi. He recommends that the tincture be applied with a camel's hair pencil or by a pledget of lint, several times a day to the base of the tumor.

Dr. Bryant extols the insufflation of tannic acid, and invented a very ingenious glass tube for the purpose. But little confidence, I think, can be entertained for the procedure.

The application of the galvanic cautery has been recommended by some surgeons with a much greater show for success, and impresses me favorably, although my experience by this method is limited.

Repeated successes have been achieved by the injection of astringent remedies by means of the hypodermic syringe, for instance acetic acid. I would suggest, if this method be resorted to, an injection of equal parts of carbolic acid, fl. ext. of Witch Hazel, fl. ext. ergot, and olive oil.

This mode of treatment, so successfully resorted to in the treatment of hæmorrhoids, would seem to commend it to our favorable consideration when more radical means are not desirable. In my opinion, but two modes of operation are reliable, namely, by avulsion and strangulation with the ligature. Should avulsion be selected, torsion is performed by a slender but strong forceps, having a longitudinal groove, and fenestrated or serrated blades. These blades are slightly bent to cause the forceps the more readily to take the direction of the nasal canal. So soon as the base or pediculated portion of the tumor has been grasped, the forceps should be turned round and round upon themselves, with a slight pulling motion until the mass is detached. Before ope-

ration, the surgeon should satisfy himself by the speculum or probe of the position of the pedicle or base. The most convenient position for the patient to assume is the recumbent, or, better still, the sitting, with the head well thrown back. The nose is most usually entered by the anterior nares, but often we are compelled to introduce the forceps by the posterior, when the operation may be facilitated by passing the finger in front and forcing the growth into the blades of the instrument.

Several introductions of the forceps may be necessary, and especially is this so in the case of multiple tumors, to the end that the whole mass may be extirpated.

This process of twisting is very painful to the patient, as you may readily imagine, and the hæmorrhage is sometimes sufficient to necessitate the injection of astringents, or the application of the tampon temporarily. Ligation is more particularly adapted to large pendent tumors with small pedicles. This operation we usually effect by snareing the tumor with a loop of wire through a Gooche's double canula. The loop is then drawn home and the pedicle severed. The principal difficulty experienced is in getting the wire to encircle the pedicle. This procedure may often be facilitated by the introduction of the finger into the posterior nares. Should the mass not be removed as with an *écraseur*, the loop may be tied and the mass allowed to slough away. The danger attending ligation of polypi, is that they may slough off during sleep, fall into the glottis and cause suffocation.

In the last October number of *THE SOUTHERN PRACTITIONER*, Dr. J. W. Penn, of Humboldt, Tenn., describes a very neat and ingenuous little instrument of his devising, which he calls *Penn's Polypus Ecraseur*, which will answer admirably in many instances, for throwing a ligature.

Polypi have a disposition to redevelop themselves after an operation, due probably to the fact, that the attachments of the growths are not thoroughly removed, thus necessitating frequent operations. Prof. Gross recommended that in such cases it is often better to remove a portion of the turbinated bone, than that the patient be compelled to so frequently undergo the operation.

We now introduce to you, gentlemen, Mr. B. B. Simpson, a young man, aged 26 years. He resides near Tompkinsville, Monroe county, Ky. He has been affected with polypus for a period of three years, during this time he has submitted to two operations by different physicians, but for want of suitable instruments the operations proved failures. This patient arrived in the city November 1, and has consequently only had two days for preparation for the operation, which we propose to-day to perform.

You will observe, gentlemen, that this patient is in a bad condition. There seems to be a scrofulous taint in the system, and a general cachexia is marked in his case. Whether this is due to the constant nervous irritation produced by the polypus, or to malignant, or semi-malignant character of the tumor, will be a question for time to develop.

He has from time to time had excessive hæmorrhages, which have necessarily much prostrated him. His appetite has been poor, and he has been compelled for much of the time of his illness to confine himself to liquid food, a variety of which was not accessible in the country.

Our diagnosis of the case is strictly fibrous polypus. In this diagnosis our colleagues concur. You will observe, gentlemen, that the tumor is immense in size, having by its density and great growth displaced the contiguous bones, producing the deformity, known as "frog face." By examination we find some portions of the bones are missing, whether fractured by previous attempts at removal, or produced by absorption, is unknown. The attachments of this tumor are evidently extensive, and its position probably involves the whole of the nasal cavities. It does not present so far as we are able to determine a pedunculated character, and consequently is attached by broad bases. We find, gentlemen, that the development of this tumor in the posterior nares is immense, the parts being so displaced as seriously to interfere with deglutition and respiration. Those of you who are near can readily detect the fœtor emanating from the mass. The skin of the nose and face is red and turgid. In consultation with my colleagues, I have determined upon the

operation of avulsion. Owing to the large extent of the tumor, and probable excessive hæmorrhage, which will attend the operation, endangering the life of the patient by strangulation, I shall only bring him slightly under the influence of æther, with a view of permitting free expectoration. The dorsal decubitus will be maintained with the head high during the operation. I will state, gentlemen, that I have just administered to this patient a large dose of whisky, and 20 grains of quinine to mitigate nervous shock. My colleagues, Professors Sinclair, Roberts, Stephens, Haggard, and Paul F. Eve, and the visiting physicians, whom you recognize present, have kindly consented to assist me in the operation. The patient now being sufficiently ætherized, you will observe, gentlemen, that I make an incision along the median line from near the bone to the end of the nose, slightly deflecting it at its inferior portion so as to leave the septum of the nose intact. This incision, made with the view of opening up the fleshy and cartilaginous portions of the canal, thus facilitating the introduction of the forceps. This incision having been made, you perceive to some extent the great displacement of the parts caused by the density and great growth of the tumor. We now take this forceps, which you will observe has a longitudinal slit, is fenestrated to secure a more firm hold upon the mass, and is slightly bent at the shank to more readily take the direction of the canal, and we remove that portion of the tumor occupying the anterior nares. This being accomplished, we now pass the instrument into the posterior nares thus, seize and endeavor to remove the mass. You very readily now perceive, gentlemen, the difficulty encountered in removing the mass in its entirety, the polypus breaks, and coming away in detached fragments, necessitating the frequent reapplication of the forceps. You also observe that the hæmorrhage is excessive, requiring frequent mopping. I will now request Prof. Sinclair to introduce his fingers in the posterior nares and push the remaining portion of the tumor upward and forward. I have, by this means, as you see, seized and removed the principal part of the mass, occupying this locality, and it only remains to remove the small fragments still attached, with a view of guarding against



reproduction. Having now, gentlemen, cleared the nares, both anterior and posterior, we perceive that our work is not accomplished, for the antrum of Highmore is also involved and filled with the growth. We now open this cavity, by means of the nasal canal, and in the same manner proceed as you see, to remove the diseased structure from that locality.

Our operation is now complete, and has been tedious, but we feel assured has been successful in removing the whole of the polypus. The hæmorrhage has been excessive, and our patient is necessarily much prostrated, but the bleeding (as usually occurs) has now ceased. Throughout this operation, you have observed that, though exceedingly painful, our patient has borne it manfully, attributable to two causes, *grit*, and the fact that we exhibited to him whisky and quinine. Nothing now remains to be done, gentlemen, but to suture the incision in the nose, and we have done.

I now give him a hypodermic injection of  $\frac{1}{4}$  gr. of morphia and relegate him to the infirmary, where the future treatment will be conducted, and where you will have daily opportunity of observing the progress of the case. The future treatment will consist of daily thorough cleansing of the parts by antiseptic astringent injections.

Owing to his general debility, I direct that he be given iron, quinine, and syrup of the hypophosphites containing strichnia. This, with an appropriate and nourishing diet, we hope will soon restore our patient. The mass we move, gentlemen, weighs  $1\frac{1}{2}$  pounds.

NOTE.—The operation was performed November 2. He remained in the infirmary under treatment two weeks, at which time he returned to his home. The displacement of the parts was hardly perceptible. A recent note from him informs us that his general health has greatly improved. He suffers no inconvenience, and states that the discharge from the nose is barely perceptible. We can only hope that a malignant reproduction may not occur, and we feel that the indications are averse to such a termination.

## CLINICAL LECTURE—GASTRALGIA—CHRONIC CATARRHAL DYSPEPSIA—CATARRHAL JAUNDICE.

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A Clinical Lecture Delivered at the Hospital of the University of Pennsylvania.

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BY WILLIAM PEPPER, M.D., LL. D.,

*Provost of and Professor of the Theory and Practice of Medicine  
and of Clinical Medicine in the University of Pennsylvania.*

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REPORTED BY WILLIAM H. MORRISON, M.D.

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Gentlemen, I shall to-day bring before you certain cases of digestive troubles and shall pass them in rapid review. Our first patient is this man, aged 45 years, a quarryman by occupation. He is married and has a family of healthy children. His general health has been good until recent years. He has never had venereal diseases. His habits have been good, but he has been much exposed to cold and violent changes of temperature. About fifteen years ago, this man first had pain in the right hypochondriac region. This pain seemed to be increased by eating, and was relieved by vomiting. It came about two or three hours after eating, and continued until vomiting gave relief. Following this there would be great irritation of the stomach, with excessive thirst, calling for the use of large quantities of water, which were at once vomited. When the attacks first made their appearance they came about three or four o'clock in the afternoon and continued until night. In the interval between the attacks, he felt moderately well. This pain has been felt almost every day for the past fifteen years.

Before going further, let us analyze these attacks and try to learn their nature. Note in the first place that they are paroxysmal in character. The duration of each attack was consider-

able. The patient would eat his dinner at 12 o'clock, and the pain would begin to appear at 3 o'clock. It is, therefore, hardly correct to say that the pain was increased by eating. Since the attacks appeared the pain has been growing more severe, and now comes sooner after eating, but for a long time the pain came three hours after eating, when the gastric digestion was almost finished and when the stomach should be empty. It is also noted that this pain would be relieved by vomiting, and after this there would be great irritation of the stomach. The pain was also relieved by the ingestion of stimulant articles of food. Red pepper with water would relieve the pain. It was also relieved by pressure, and the patient found the most comfortable position to be on the face.

You will not be at a loss to recognize in these spells of pain, attacks of gastralgia, or neuralgia of the stomach. This is shown by their paroxysmal character, by the fact that they occur not immediately after taking food, but come at the time when the gastric digestion is advanced and the stomach is becoming empty, and its coats are exposed to the acids resulting from the imperfect digestion of the food. Evidently there was with this gastralgia, an element of gastric catarrh, rendering the stomach irritable.

The attacks of pain have increased in frequency since one year ago, and now he has an exacerbation of pain every day one hour after eating. The pain is most marked over the region of the pylorus, a little to the right of the median line. There is some tenderness on pressure at this point. During the attacks the pain spreads across the epigastrium and through to the back. The appetite has always been good, and at times it is voracious. It has never been unnatural and craving, as sometimes happens in this affection. The bowels are regular. He has to urinate very frequently, every forty-five minutes, and passes a small quantity of reddish urine. During the last year he has lost considerable flesh. One year ago his weight was 180 pounds; it is now 140 pounds. He has also lost strength. The urine contains neither albumen nor sugar.

He was admitted to the hospital ten days ago. The day fol-

lowing admission, he had a sharp attack of pain, but since then he has been better. He has had no pain for the past week and has only vomited once since admission.

Here then is an exceedingly well marked case of gastralgia. I do not dwell upon the diagnosis, for the attacks are so very characteristic. As to the cause of the attacks in this case, we are somewhat in doubt. The man's habits are good; his food is necessarily coarse, and he is much exposed. He is not intemperate in his use of tobacco, although he uses it every day. He partakes moderately of tea and coffee. It is not improbable that in the sensitive condition induced by the breaking down of the system from exposure, cold and damp, and from the catarrhal irritation of the stomach, that the moderate indulgence in these stimulants has been sufficient to excite the attacks of gastralgia. We do not find here, as we do in many cases of gastralgia, a definite cause. It is usually associated with a tendency to depression of vitality, and exhaustion of whatever form which makes the system, and particularly the nervous system sensitive and depressed. This man has been forced to work, and it is, therefore, not strange that the symptoms have continued.

In this case, it is noted that there is pain over the region of the pylorus. This is not constantly found in gastralgia. The epigastrium is often entirely free from increased sensibility. Gastralgia is, however, often associated with subacute inflammatory states of the lining membrane of the stomach. We then have a mixed case, and there may then be distinct local tenderness associated with the irritated state of the mucous membrane. This man has undoubtedly had from time to time catarrhal irritation of the mucous membrane of the stomach, but these attacks have not been very pronounced.

The only condition which might be suspected in such a case as this, would be ulcer of the stomach, but it requires no discussion to eliminate that. The fact that blood has never been vomited, the character of the pain coming on not immediately on the ingestion of food, but some time later, the relief by stimulant articles and the moderate amount of tenderness would exclude this. In gastric cancer such spells of pain as these may occur.

There has been no obstruction of the pylorus and the bowels have been regular, and this case has lasted so long that no idea of serious organic disease can be entertained.

The prognosis in these cases is favorable, if control of the patient can be gained. In many cases, the conditions are as in this case. As soon as a little relief is gained, the patient is obliged to return to work. In many cases, the cure is facilitated by a change of the habits of life and change of climate. In such a case as this, we are limited to diet, drugs and general directions in regard to dress, rest, etc.

In regard to diet we exclude all substances which like alcohol, tobacco, and the excessive use of coffee and tea, may help to keep up the irritated state of the mucous membrane of the stomach. For this man, I should recommend a diet something like this: For breakfast, mush and milk with a soft-boiled egg. At 10 o'clock, half a pint of milk with a tablespoonful of lime water. Dinner, a pint of milk, with stale bread and a small piece of meat. The milk may be heated, or mixed with boiling water. At 3 o'clock, milk and lime water again. Supper, hot water and milk, toast, a soft egg, or oysters. I thus give three light meals, and in the intervals, at about the time that the stomach has disposed of these three principal meals and become exposed to the gastric juice, I give small quantities of milk and lime water. This distribution of nourishment is often of great importance in the treatment of gastralgia. It is sometimes necessary to go further and put the patient on an absolute milk diet, giving a small quantity every hour and gradually increasing the quantity and lengthening the intervals. This diet should continue until all tendency to neuralgia is overcome.

When this man came into the hospital, I ordered five grains of subnitrate of bismuth and pepsin with one-eighth of a grain of morphia before each meal. The pain was so excessive, and it was so important to check it at once, that I resorted to the use of morphia against my will, for I never like to use it where it can be avoided. I propose now to gradually withdraw the morphia. I shall now order powders containing six grains subnitrate of bismuth and pepsin and reduce the dose of morphia to one-twelfth

of a grain. The morphia does not seem to have interfered with any of the functions. We shall be fortunate if the symptoms do not again come into prominence as the morphia is removed. They certainly would if we did not correct the diet. If you use opiates in any chronic case, it must be associated with such thorough hygienic treatment and regulation of diet, that all the time the fundamental disease is being subjected to radical cure.

#### CHRONIC CATARRHAL DYSPEPSIA.

The next patient presents another type of gastric disorder. He is 35 years of age, and by occupation a saloon-keeper, a moderate drinker, and comes complaining of stomach trouble of about two years duration. The symptoms have chiefly been failure of appetite, a heavily coated tongue, a bad taste in the mouth, constantly hawking and raising of mucous, frequent vomiting on first rising in the morning of glairy mucous and green colored liquid, weight and fullness in the epigastrium, a constipated state of the bowels and frequent headaches in the front and back of the head. At times there is soreness and tenderness of the eyeballs. During the past two years there has been a loss of flesh and strength, the weight having decreased twenty pounds in that time. The patient has grown pale, weak and easily tired.

This is an equally typical picture of chronic catarrhal dyspepsia, where the lesion has been congestion, catarrhal inflammation with perverted secretion, not only in the stomach but also in the esophagus and pharynx. There has been more or less chronic pharyngeal catarrh connected with the dyspepsia. There is reason to suppose that there has been a further extension of the same kind affecting the function of the liver, and that from time to time there have been spells of lithemia, resulting from the torpid and imperfect action of this organ and the imperfect assimilation of food.

Before these troubles appeared the patient had been in the habit of eating all kinds of food and at very irregular hours, the morning meal often being substituted by liquor or beer upon a totally unprotected stomach. It is remarkable that this practice could be kept up so long without the appearance of dyspeptic



symptoms. It is a misfortune to many persons to have a good stomach. A person with a sensitive stomach and weak digestion suffers so seriously from slight indiscretions that he soon learns what he can do and what he cannot do, while a person with a good stomach will receive no warning, and may go on in a course of reckless living until serious organic disease is developed.

This man presents all the symptoms of dyspepsia of the irritative catarrhal type. We have a proof of the condition of the membranes, in the habitually coated tongue, the unhealthy mucous from the pharynx, with the frequent clearing of the throat. The stomach when not occupied with digestion, secretes a glairy acid mucous, so that in the morning it contains a quantity of this irritating matter and there is nausea until it is vomited. This morning vomiting is extremely significant of serious catarrhal dyspepsia. Then, of course, we have the appetite impaired. The presence of food increases the distress and causes weight, fullness and discomfort in the epigastrium. The secretion of the liver is also affected. The urine is reddish in color, and throws down a brick dust sediment, and from time to time this man has had so-called bilious attacks or a lithemic condition in which there would be heaviness and dulness, often with severe headache and soreness of the eye-balls. This man fortunately recognized that his troubles were due to his own indiscretions, and he has rectified his diet, and for the past few months he has slowly improved. Too often, however, when these feelings of weakness come on they suggest further stimulation, and the patient tries to drive the stomach by taking more stimulants, thus engendering more serious conditions and bringing on incurable disease.

In a case of this character the diet must, of course, be digestible and the quantity regulated by the actual capacity of the stomach. It is sometimes necessary to give an extremely restricted diet. This is, however, not often called for. If the stomach is very irritable, you may find, as in the previous case, that a milk diet in restricted quantity is required. It is often advantageous to give to such a patient, before any food is taken, a certain amount of very hot water, from two to eight ounces.

The object of this is to thin the thick mucous which is in the stomach, wash it from the surface and to excite peristalsis and cause it to be passed from the stomach, leaving that organ with only its proper secretion of gastric juice. Then food may be introduced. This may consist of finely minced meat which has been slightly broiled and to which a little pepsin has been added. This is highly nutritious, readily digested and quickly assimilated. A course of diet of this kind will often give brilliant results in this type of dyspepsia. This hot water treatment has of late been used in the treatment of all sorts of diseases. While it is very very valuable in certain classes of cases it is distinctly limited to these cases. In improperly selected cases, it is capable of doing great harm. In this case, a carefully regulated diet will, I think, be sufficient. His breakfast should consist of a glass of milk, which should be preferably hot and a little dilute, well cooked porridge, and perhaps a soft boiled egg. At dinner, I should suggest a cup of hot water, a piece of tender steak or the soft parts of eight or ten oysters with a roasted potato, and stale bread and butter. In the evening, I would give weak tea, a soft boiled egg and dry toast or stale bread.

In such a case as this, the drugs should be alterative and slightly astringent. If there were constipation, I should order in the morning a glass of hot water containing half a drachm or one drachm of sulphate of sodium. This will exert an excellent effect upon the mucous membrane. If the bowels were regular this should be omitted. If there were heaviness and nausea in the morning, a glass of hot water might be taken before breakfast. All irritating purgatives should be avoided, for they do harm to the weak mucous membrane of the stomach. The dilute mineral acids are proper remedies in these cases. These may be given alone, or with pepsin. Strychnia or nux vomica may be associated. Small doses of nitrate of silver with opium or, where there is a tendency to constipation, with belladonna, are of service, particularly where there is a disposition to thickening of the membrane.

#### CATARRHAL JAUNDICE.

This woman illustrates another point in catarrhal dyspepsia.

She is 55½ years of age and married. There is nothing noteworthy in the family history. She is a hard working woman, and her habits are good. For years she has suffered with dyspepsia. Last July, as a result of overwork, she became very sick and worn out. Her digestion broke down entirely, and she suffered from a severe catarrhal attack. Ever since then the digestion has been worse. About five weeks ago the orifice of the bile duct in the duodenum was closed by a swelling of the mucous membrane, and she suffered an attack of jaundice from obstruction due to the extension of the catarrhal process into the bile duct. Thus we often have catarrhal jaundice making its appearance in the course of a case of gastro-duodenal dyspepsia. In fact, one of the elements in the diagnosis of catarrhal jaundice is that it has come on where there have been symptoms of mild catarrhal inflammation of the stomach and duodenum.

The jaundice is much improved. This has been effected simply by care in the diet, and a little counter-irritation over the region of the gall ducts. Internally she has received very simply remedies, consisting for the most part of bi-carbonate of soda with gentian; seven and a half grains of bi-carbonate of soda with two drachms of the compound infusion of gentian were given an hour after meals. In catarrhal jaundice, nitrate of silver is almost a specific. A mild saline in hot water should be given in the morning, and if necessary in the evening, to remove the thick mucous, and it may at the same time render the biliary secretion more liquid. Nitrate of silver will then hasten in a remarkable way the subsidence of the swelling and the removal of the jaundice. I always use it in these cases unless the jaundice seems to be passing away of itself. I shall give this patient a pill containing one-twelfth of a grain of nitrate of silver with one grain of extract of quassia, three times a day after meals. We shall have her return in a couple of weeks that we may note the result.—*Weekly Med. Review.*

## *Selections.*

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**NITROGLYCERIN, STRYCHNINE AND ERYTHROXYLON COCA IN THE TREATMENT OF ACUTE ALCOHOLISM.**—In treating acute alcoholism, we often meet with a case in which, though no spirituous liquor has been taken during the previous ten or fifteen hours, the patient cannot stand erect without feeling a lightness in the head, an inclination to reel and fall. Perhaps this disposition to cerebral syncope is so marked that the patient cannot even lift his head from the pillow without bringing on an attack. In connection with this cerebral anæmia and consequent syncope on raising the head, there is very often a sinking sensation about the heart, a sensation of insecurity, of impending heart failure, and a morbid fear that death may occur at any moment. In this class of cases, we have the heart exhaustion of alcohol (secondary), the increased arterial tension of the cerebral blood-vessels (secondary), due to alcohol, and, the aggravated cerebral anæmia (arterial), arising from these causes—an exhausted heart and high tension. Here chloral would mean murder, bromide of potash would be but little less injurious, the other bromides inferior to even a stimulant dose of morphine, digitalis too slow, and even then not wholly indicated. The nitrites alone fill the complete indication. Nitroglycerin, drop doses of the one-per-cent. solution dropped on the tongue, is *the* remedy, and the relief obtained from it is speedy and certain. Supposing you were called, as we were this afternoon, to a patient presenting the above indications, the dose may be repeated every two or three hours until you call again late in the afternoon; on your second visit you will find that he has given up all fear of dying, and, as was our experience to-day, that he is enjoying a good sleep with-

2 S. P.

out, as we have seen, having been bromized or hypnotized for that purpose.

Theoretically, we would prefer smaller doses, drop doses of a half or quarter-per-cent. solution, repeated oftener, because the rationale of the treatment lies in this, that we wish to combat the secondary effect of alcohol on the heart, arteries, and cerebral blood supply, by pitting against it the primary effect of nitroglycerin on the same. Remedies that increase heart power in in minimum doses, depress the heart in maximum doses, in doses sufficient to produce secondary effects; consequently, our doses of nitroglycerin should not be large enough to produce secondary symptoms.

We have already remarked that digitalis was not wholly indicated in the foregoing case; we will, however, put it stronger, and say that the case did not present a single indication for digitalis in ordinary doses. If now we compare the action of alcohol, nitroglycerin, and digitalis on the heart and arteries, we will readily see the reason why:

Alcohol in maximum doses, is a muscle poison, and, and like all remedies that affect muscular rather than nervous irritability, inhibits the heart in diastole.

Nitroglycerin and the nitrites belong to the same class, muscle poisons (heart), and in maximum doses, inhibit the heart in diastole.

Digitalis in maximum doses is a poison to the nervous rather than muscular system of the heart, and inhibits the heart in systole.

Alcohol in small doses (primary effect), increases the number of heart beats, lowers arterial tension, and induces cerebral congestion.

Nitroglycerin, in small doses (primary), does the same, but the effects are more marked, rapid, and perhaps, evanescent.

Digitalis in minimum doses, produces an effect (primary), the direct opposite to the foregoing; it slows the heart and increases arterial tension. The indications for ordinary doses of digitalis, then, are a rapid pulse with low tension of the heart and arteries, and are met with in the primary stage of acute alcoholism if at

all. Alcohol, in small doses, is a heart *stimulant*; digitalis a heart *tonic*. A stimulant stimulates to exhaustion; a tonic tones down, slow to steadiness and strength. The difference, then, between tonic and stimulant indication, is more than appreciable; a tonic may be needed to tone down stimulation, but a stimulant is needed to rouse from exhaustion.

Alcohol, in maximum or long-continued minimum doses (secondary effects,) slows the heart, increases tension by eliminating vaso-motor impulse (thus allowing the vessels to contract in virtue of their own resiliency), induces cerebral venous stasis, and finally, produces diastolic arrest.

Nitroglycerin, in maximum doses (secondary), accomplishes the same ends, but by a slightly different mechanism.

Digitalis, in maximum doses (secondary), increases the number of heart beats, and lowers arterial tension.

Thus it can be readily seen that the effects of small doses of nitroglycerin are the direct opposite to those produced by large doses of alcohol; or, in other words, the primary action of nitroglycerin antidotes the secondary effects of alcohol on the heart, vessels and cerebral blood supply. Consequently, in treating these secondary effects of alcohol by nitroglycerin, the dosage of the latter should be only large enough to call forth the bare primary manifestations.

Again, we notice that the secondary effects of digitalis are symptomatically, the very opposite of the secondary effects of alcohol. Consequently, in treating the secondary stage of acute alcoholism by digitalis, lethal doses, teaspoonful doses of the tincture, are needed. This latter practice, though sometimes successful, is neither well founded nor scientific. Sound practice always antidotes the secondary effects of one poison by the primary effects of another; empiricism, however, is pleased with anything that gives even a shadowy success, no matter what be the risk.

It is evident from the foregoing, that patients suffering from acute alcoholism will obtain brief, though questionable, relief from small doses of alcohol. The laity, acknowledging this from experience, have, on that account, acquired the idea that spirituous



liquors should not be withheld at once from such patients; but they should be allowed to "taper off" with small doses. Indeed, there are many within the profession, too, who appear to entertain the same opinion; or who, to say the least, knowingly pander to the preconceived popular opinion, and thus, unwisely become the apostles of an egregious error in practice. We have often been called to alcoholic patients who, after some previous drunk, have been treated in that way; or, who knew of some personal friend who had "snakes in his boots," and recovered under the same treatment, or rather in spite of it. Such patients will say, "when I was on my last 'bang,' Dr. So and-so allowed me so much whisky per day;" or, "the doctor allowed Smith so much to 'taper off' with, and I think, doctor, you had better let me have some." This is not only annoying to the physician who knows that alcohol should be withdrawn at once in *every* case, and conducts himself accordingly; but it is also detrimental to both physician and patient; because the craving appetite of the latter, granted by a former professional attendant, may lead him to undo in an hour, all that has been done for him in ten. There is no use in arguing with such a patient, he will only confront you with the known, but reprehensible, practice of a brother physician. Authoritatively proscribe spirituous liquors, and supply the patient at once with a stimulant, suitable to the stage of the disease and the indications of the case.

As a matter of fact, as we have already seen, nitroglycerin will readily replace alcohol wherever and whenever this latter might be used as a cardiac and cerebral stimulant. One drop of the one-per-cent. solution is more than the equal of one ounce of brandy in such a case. A stimulant of this special class is not needed in acute alcoholism, however, until the secondary depression is well on; then, according to our experience in a number of cases, nitroglycerin is the remedy.

Previous to the above stage, that is, in the state when the craving for alcohol is at its height, when the liquor has more than half died out in the patient, dessert to tablespoonful doses of a good elixir of erythroxylon coca will be in order. The elixir should contain at least 80 grains of the dried leaves to the fluid

ounce, and be put up by a reliable house. A hypodermic injection of from  $\frac{1}{4}$  to  $\frac{1}{2}$  grain of cocaine over the stomach, may do better to begin with, especially if the stomach be rebellious. After the stimulant effects of the injection have passed fairly off, the elixir may be employed, and if persisted in, will prevent the development of that stage which calls for nitroglycerin. Cocaine and coca, like alcohol, inhibit the heart in diastole.

If the patient be seen still earlier, that is, in the drunken stage, full doses of liq. strychnia (P. B.) hypodermically will sober him. They will not only antidote the nervous manifestations of alcohol, but they will also tone up the stomach and liver—two organs that require special attention in such cases. In fact, if the patient be seen early in the case and hypodermics of strychnine be persevered in, they will do about all that is needed. They may be assisted, however, as the case progresses, by odd doses of erythroxyton coca.

There now remains the sense of taste to be gratified—often an imperious demand—and this may be appeased, when feeding the patient, by giving him chicken-broth made *red-hot* with red pepper. Keep a supply of the broth on hand, and give it to him whenever he wants a drink. He will find it grateful to his palate, though it would almost burn the throat out of a sober man.

It would appear from the foregoing that we had forgotten hypnotics and nerve sedatives, chloral and the bromides, but such is not the case. We pass them over because they should have no place in the treatment of acute alcoholism, are not needed when the case is properly handled, and, because chloral hydrate is a particularly dangerous drug in such cases.—*Physicians' and Surgeons' Investigator*.

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A CASE OF TRAUMATIC TETANUS SUCCESSFULLY TREATED WITH CALABAR BEAN.—Dr. John Dougall thus writes in the *Glasgow Medical Journal*, March, 1885:

As traumatic tetanus usually terminates fatally, the following case is interesting:

While acting vice Dr. Scott Orr, Jessie L., aged sixteen, farm

servant, was admitted to Ward I on September 5, 1884. About twelve days previous to admission, while milking a cow which had sore teats, it became restive and tramped on her right great toe, tearing off the nail and bruising it severely. After a few rude dressings it healed. About a week after the accident she felt her mouth "sore and stiff," i. e., lockjaw. After two days the stiffness extended to her neck, and in about three days to her back, which became so rigid and painful that she could only rest on the occiput and buttocks, her shoulders not even touching the bed. This condition lasted for two days, after which she was able to leave her bed, although still a little stiff and pained. On admission to the Infirmary she complained of a pain which darted at intervals from the medullary region to the sacrum when attempting to turn in bed; during the night the pain gradually subsided so that she was able to turn, although she still felt stiff. Next night she had little sleep from sudden attacks of pain, causing pleuristhotonos and opisthotonos. Never had convulsions; had not been exposed to damp or cold; family history good.

*Physical Examination.*—Back tonically arched, muscles rigid from neck to sacrum; no pain on pressure over cervical and lumbar vertebæ; sensation normal; plantar and patellar reflexes not exaggerated; arms and legs flaccid and painless; no headache; darting pains down back; tongue furred; no difficulty or pain in swallowing; appetite good; bowels regular; respiration, circulation, menstruation, urination, and temperature normal.

*Treatment.*—September 5:

R Pot. bromidi.....gr. xxx.

Fiat pulv.

Sig.—One every four hours.

September 6.—Pain in back more severe; frequent marked opisthotonos on attempting to turn in bed; rests almost constantly on right side, with thighs and knees much flexed.

September 7—

R Liq. morph. hydroch.....℥ss.

Sig.—M 10, to be taken with the bromide powder.

September 8.—No improvement. Bowels constipated, probably from the morphia.

R Pulv. scam. co.....gr. vj.  
 Hydrarg. subclor.....gr. iv.  
 Fiat pulv.

Sig.—To be taken at once.

Powder acted freely; pain in back still severe; opisthotonos frequent. As patient was not improving under the treatment I resolved to try calabar bean *per se* as follows:

September 10—

R Ext. physostig. fab .....gr.  $\frac{1}{2}$ .  
 Ext. gent.....gr. iij.  
 Fiat pil.  
 Mitte tales.....xxiv.

Sig.—One every hour.

September 12.—Last night she had a severe attack of trismus and opisthotonos, which lasted about ten seconds, her body resting on her head and heels. Hence the dose of calabar bean was increased:

R Ext. physostig. fab .....gr.  $\frac{1}{2}$ .  
 Ext. gent.....gr. iij.  
 Fiat pil.  
 Mitte tales.....xxiv.

Sig.—One every hour.

September 14.—Feels much easier; attacks of spasm less frequent, less prolonged, less painful; no dysphagia. Sleeps well.

September 17. Tonic curvature of spine less marked; general condition improving. Dose of calabar bean further increased, thus:

September 18—

R Ext. physostig. fab .....gr.  $\frac{1}{2}$ .  
 Ext. gent.....gr. iij.  
 Fiat pil.  
 Mitte tales .....xxxvi.

Sig.—One every hour.

October 1,—The improvement noted on September 17 has continued. Can now sit and stand, yet her back is still abnormally curved and rigid. During the past three days has only been getting  $\frac{1}{2}$  grain of the ext. physostig. fab. every two hours, and

during the day only, the medicine having previously been given both night and day, excepting when she was asleep.

October 11.—Patient still improving; was up for a short time to-day. Buck still a little rigid and arched. No trismus for at least two weeks past. Dose of medicine further increased thus:

R Ext. physostig. fab .....gr.  $\frac{1}{2}$ .

Ext. gent.....gr. iij.

Fiat pil.

Mitte tales... .....xxiv.

Sig.—One every two hours during the day.

October 17.—Patient has been up the greater part of the day; has no complaint; can walk, run, stoop, and rise with perfect ease; spinal curvature gone. Medicine being gradually withdrawn.

October 20.—Dismissed, well.

QUININE AND TYPHOID FEVER.—Dr. O. T. Schultz thus concludes a paper in the *American Practitioner* for November:

“The question to the solution of which I have now attempted to contribute my mite, I take to be, not whether quinia properly administered in typhoid fever lessens the severity of this disease, its duration, and its mortality, for this point I regard as settled beyond peradventure or doubt, but whether this effect of quinia is due merely to the antipyretic property it possesses in common with cold water, or whether there is some other virtue in quinia that causes its good results in typhoid fever. And if the advantages derived from the employment of quinia in typhoid fever are not due to its antipyretic but to some other property, whether some mode of administering this drug should not be adopted by which, while antipyrexia is incidentally accomplished and hyperpyrexia prevented, this other virtue, call it specific, depurative, or what not, may be brought most fully to bear on the typhoid fever process. I think that I have shown that if a dose of quinia, large but proportioned to the age of the patient, is exhibited every other evening, or if the disease is very obstinate every evening, throughout the entire course of the pyrexia, typhoid fever is

reduced to a very manageable and little dangerous affection, and its course greatly curtailed. It matters not whether we call this action of quinia a specific action, or whether we concur with Binz, who asserts that 'Quinia does not put an end to an attack of *typhoid* fever as it does to one of *intermittent* fever. In the first-named disease it has no specific operation, but only so weakens the putrid ferments that they run their course less destructively.' For, in reality, we know as little of the action of quinia in the one as we do in the other of these fevers, and we simply call the action of quinia in malarial fevers *specific* because we see that certain easily-recognizable phenomena always follow its use in these fevers. Phenomena of the same nature, only less in degree, also follow its administration in typhoid fever; for, according to Ringer, even in *ague* quinia frequently removes only the grosser manifestations of the disease, and hence is not by far the ideal specific it is usually thought to be. He says (*Therapeutics*, 1880, page 579):

"Quinia generally arrests the disease (*intermittent* fever) at once. It is well, however, to bear in mind that this remedy may dissociate the other symptoms from the elevation of the temperature; or, in other words, it may remove the shivering, sweating, quick pulse, while the temperature may remain as great, or nearly as great, as on previous days. Mere rest will occasionally effect the same dissociation. Unless the unnatural elevation of temperature has been restrained the paroxysms will speedily return. This fact it is necessary to recollect, otherwise it may be concluded that with the removal of the more obvious symptoms the disease itself is cured, and thus the patient may be permitted to return to his usual avocation.

"A still more curious circumstance remains—that is, quinia may check all the symptoms, even the periodical elevation of the temperature, and yet about the same time of day that the series of symptoms were wont to take place, an increase in the urea and urinary water may occur as during a severe paroxysm; that is, all the symptoms of the paroxysm are absent except those pertaining to the urine.'

"But to the action of quinia in the typhoid fever process of

what kind soever, the experience detailed above appears to me to show conclusively that quinia possesses a property which so subdues, moderates, mildens, and shortens this process that the disease runs its course without producing its usual ravages on those organs on which it is wont to spend its force, and that this peculiar property or power is not identical with that by which it reduces a high temperature to one of low degree."

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**THE INFLUENCE OF DRUGS ON MILK.**—In a medico-legal case MM. Brouardel and Pouchet were asked whether an infant of two months could have been poisoned fatally through its mother's milk, the mother having been for some time under treatment with arsenic, and on several occasions having shown symptoms of arsenical poisoning.

To settle the point M. Brouardel made a number of experiments by giving Fowler's solution to nursing women, the result of which showed that arsenic can readily be found in the milk, even when taken in small doses, but that no toxic symptoms are likely to be produced in the child unless the mother be taking a toxic dose.

Fehling has lately experimented upon the subject of the elimination of drugs by the milk, and found that salicylate of soda, iodide of potash and iodoform can all be traced to the urine of the nursling, the latter drug when taken in very small quantities, and even when applied externally. Hence he advises against its use as a dressing for wounds in nursing women. He has also found corrosive sublimate in the urine of children whose nurses had the drug applied externally, but the quantity passing to the child was so small that he thinks it unnecessary to use the same precautions with corrosive sublimate as with iodoform.

The narcotic substances are without effect upon the nursling. The largest doses of opium or chloral administered to the nurse do not bring about any especial symptoms in the child.

Atropine was tried on animals, and no dilation of the pupil or other manifestations occur in the suckling, excepting when the maximum therapeutic dose has been exceeded.

Fehling therefore comes to the conclusion that while but few drugs administered to the mother prove deleterious to the infant, a strong exception, however, should be made of those substances that are eliminated with difficulty and accumulate in the organism.

Nevertheless it is certain that many substances, when ingested, produce decided effects upon the milk. "Milk sickness," or the "trembles," occur in persons using the milk of cows which have fed on certain pasturage, and the odor of copaiba or asparagus can be detected in the child's urine when these substances have been taken by the nurse; moreover, artichokes, absinthe, and other substances will make the milk bitter.—*North-western Lancet*.

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#### POISONING BY CHLOROFORM INTERNALLY ADMINISTERED.—

Since chloroform administered internally in the treatment of tape-worm has frequently been referred to in these columns, the following case of poisoning through the accidental administration of an overdose, reported in the *New York Medical Record* for October 3, by Dr. J. M. Latta, of Millerton, Kansas, is deserving of attention:

The case was that of a boy, six years of age, suffering from tape-worm, for which he ordered a mixture of one part chloroform in three parts simple sirup, of which one teaspoonful was to be given every hour until four doses had been taken. By mistake the parents gave the mixture in tablespoonful doses. Twenty minutes after he had taken the fourth dose of the mixture the boy said the medicine was "about to kill him;" he reeled like a drunken person and vomited violently, throwing up mucus tinged with blood. The child was rational when first seen by Dr. Latta, and said that his stomach hurt him, but in a few minutes he became unconscious. The pupils were normal, the breathing easy, and the pulse a little accelerated, but regular, and rather full and bounding. The face was covered with an even red flush, arterial in tint. The temperature was not taken. It was impossible to arouse the boy by calling or shaking him. All the pillows were removed, the body was placed straight and all constricted



portions of clothing loosened, and fresh air was freely admitted into the room. The pulse and respiration were carefully watched, but as they furnished no special indications for treatment nothing more was done. The pulse became gradually less rapid, the flush disappeared from the face, and in an hour and a half the boy awoke and expressed himself as being all right. A saline was administered a few hours later and the bowels were moved, but there was no appearance of any tape-worm. *Therapeutic Gazette.*

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**THE QUESTION OF OPERATION IN CARCINOMA OF THE BREAST.**—It is the opinion of most writers that carcinoma of the mammary glands is a condition that calls imperatively for operation, not only to relieve pain and free the patient from a disgusting sore after ulceration has occurred, but also to prolong life. As to the latter point however, there is not perfect unanimity among authorities—rather less, indeed, than is generally supposed by those who have not studied closely the more recent literature of the subject. There are symptoms of a threatened reaction in the mind of the profession, and it is not beyond the range of possibilities that, not many years hence, operation in cancer of the breast will be as exceptional as non-interference is now.

In the article on Carcinoma in the *Reference Handbook of the Medical Sciences*, edited by Dr. Buck, the author, Dr. Satterthwaite, says that the statistics in a small number of cases would indicate that life is prolonged by operation for an average of more than eleven months, an estimate which he regards as a low one; yet he states that in his cases the growth of the disease was more rapid after removal. Dr. Lemaitre, in a short paper read before the Société de Médecine de la Haute-Vienne (*Journal d'Accouchements*, October 15, 1885), argued strongly against the advisability of an operation, and asserted that the subject of mammary cancer lived longer when the policy of non-interference was followed than when the tumor was removed. Boyer says that the extirpation of a tumor of undoubted cancerous nature should never be

undertaken. Morrison believes that the surgeon should consent to operate only upon the urgent solicitation of the patient, and after she has been told of the recurrence of the disease. Velpeau, who regards cancers as primarily a local affection, says that an operation is justifiable only at the very incipency of the trouble. And finally Verneuil has expressed some doubts as to the advisability of amputation of the breast, having observed after operation many cases of pleurisy which he regarded as cancerous in their nature. Lemaitre's plea is that as long as the cancerous disease is allowed to concentrate itself in the breast the internal organs are comparatively safe, but that removal of the mammary glands invites a metastasis to other more vital organs.

The question is one which has not resolved itself into an axiom, and the indications are that it is destined to be the subject of still further discussion before it can be regarded as settled.—*Medical Record*.

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**THE ACTION OF MERCURY UPON THE BLOOD.**—Dr. L. Gallard, in an experimental study to determine the action of mercury upon the blood, concludes :

1. That the number of the red corpuscles may diminish slightly at the beginning of the administration without regaining their original proportion, but more frequently it increases progressively, until about the fourteenth day of treatment, to undergo at this time a slight diminution.

2. The hæmoglobin always increases progressively until about the twenty-fourth day of treatment, and having attained at this time its greatest abundance descends to its original proportions, and if the treatment is continued sinks below it.

3. The abundance of hæmoglobin increases in a proportion beyond that of the red corpuscles, and may even increase when these diminish, whereby mercury may be compared to those metals which induce the production of hæmoglobin.

4. The weight of the body increases almost constantly, though it is impossible to determine the exact relation which exists be-

tween such increase and the condition of the blood.—*Archives Générales de Médecine, November, 1885.*

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**PRURITUS OF WOMEN.**—*Local Treatment.*—All acquainted with the incessant suffering which some women undergo from pruritus at the period of the menopause, must be very desirous of being made acquainted with a prompt remedy for so distressing an affection. Whether it arise from the presence of prurigo, urticaria, eczema, herpes; or whether it exists without any eruption at all, it is alike difficult to allay, as the great number of remedies which have been proposed testifies. Of these varatria is by far the most efficacious. When the pruritus is localised at groins, arm-pits, walls of the abdomen, or behind the ears, gentle friction night and morning with an ointment, consisting of thirty parts of lard and a quarter of a part of veratria, usually gives relief. When the pruritus is generalised, the internal administration of the vetraria is preferable. Two centigrammes should be made into ten pills with liquorice powder, of which from two to six should be taken daily, either half an hour before, or three hours after meals. Only one should be taken at a time, an additional one being given each successive day until the maximum of six (three milligrammes) is attained.—*Dr. Chévon, in Le Progrès Médical.—Med. Times.*

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**ATROPIA IN ACUTE CORYZA.**—In all recent works on nasal diseases no mention is made of atropia as a remedy in acute coryza. The use of the drug in this disease is by no means a new one, and I make no claim to advancing a new idea. My object is simply to urge upon the profession a large use of the remedy, and note the results.

The first case in which I used atropia for acute coryza, was that of a man in middle life, who had "caught" a severe "cold in the head" several days previously. When he came for advice the disease had reached an extreme stage. There was severe

frontal headache, a hot, burning sensation in the nose, forehead, and cheeks, there was some conjunctivitis, and very profuse mucopurulent discharge, which was extremely irritating. The skin about the nose was irritated and inflamed, and the general condition was one of great misery. Atropia was given with the idea of decreasing the amount of the discharge. The dose was 1.120th of a grain, repeated after four hours. It had a most marked effect, and the next day the patient was quite free from the headache, heat, and swelling, and from discharge.

Since then the remedy has been tried in a large number of cases, in all stages of the disease, and at all ages, with uniform success. It is now my established practice, and is preferable to cocaine in this, that no local application is needed to the nose, thus saving a very painful manipulation.

The only objection that has been made to the treatment, is where the eyesight is troubled. But the dose needed to cure the coryza is not sufficient to produce much disturbance of vision. It is only necessary to influence the secretion, and an extreme degree of dryness of the throat and nasal passages is of no advantage.—*R. Gray, M.D., of Jacksonville, Fla., in Medical News.*

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**THE METRIC SYSTEM.**—Whatever may be the absolute merits of the metric system, as applied to physicians' prescriptions, in communities where it has been a part of every man's education, from childhood up, it is evident, as we have several times insisted on, that the attempt to transplant it to America is beset with some practical difficulties that are likely for many years to stand in the way of its adoption. Not the least of these difficulties lies in the fact that the use of the system adds an element of perplexity to acts which in themselves are always more or less fraught with danger—the writing and the compounding of prescriptions. This objection has lately had an illustration that well nigh proved tragical, a Jersey City apothecary having put up a certain number of grammes of a violent poison, instead of the same number of centigrammes, and having expressed the opinion

that his error was in part due to the confusing effect of the metric system.—*N. Y. Medical Journal*.

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**SURGICAL METEOROLOGY.**—According to Dr. B. W. Richardson ("Asclepiad"), the time is favorable for operation: *a.* When the barometer is steadily rising. *b.* When the barometer is steadily high. *c.* When the wet-bulb thermometer shows a reading of five degrees lower than the dry-bulb. *d.* When, with a high barometer and a difference of five degrees in the two thermometers, there is a mean temperature at or above 55° F. The time is unfavorable for operation: *a.* When the barometer is steadily falling. *b.* When the barometer is steadily low. *c.* When the wet-bulb thermometer approaches the dry-bulb within two or three degrees. *d.* When, with a low barometrical pressure and approach to unity of reading of the two thermometers, there is a mean temperature above 45° and under 55° F.—*N. Y. Medical Journal*.

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**BISMUTH IN THE TREATMENT OF SWEATING FEET.**—The "Union médicale" cites Vieusse's recommendation of daily frictions with subnitrate of bismuth as a remedy for foetid perspiration of the feet. The spaces between the toes should not be forgotten. The treatment is to be continued for about a fortnight. After the second or third friction, the sweating becomes less abundant, and the soreness rapidly subsides. The epidermis soon loses its white tint, and adheres more firmly to the subjacent derma, the excessive action of the sudoriparous and sebaceous glands diminishes, the perspiration becomes less irritating, and about the sixth day the skin resumes its natural look.—*N. Y. Med. Journal*.

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A LITTLE fellow, looking rather squeamish, went into a druggist's shop, and with a very doleful look asked for a pennyworth of salts. During the operation of weighing the article he said to the chemist, "Don't give us full weight, for it's me that has to take them!"

## *Editorial.*

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### THE AMERICAN PUBLIC HEALTH ASSOCIATION— THIRTEENTH ANNUAL MEETING.

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#### *Morning Session—First Day.*

The medical wisdom of many of our most important cities was represented on Monday, December 9, 1885, at Willard's Hall, in Washington, where this important and eminent Association convened in its thirteenth annual session. The delegates came from nearly every State in the Union and the dominion of Canada. It was called to order at 10 A.M. by the President, Dr. J. C. Reeves, of Wheeling, West Virginia, and after the general routine business was disposed of, the reading of papers commenced.

The first paper was read by Dr. E. M. Hunt, of Trenton, N. J., in which he discussed the various terms now used in sanitary, statistical and parasitical nomenclature.

Dr. John S. Billings, U. S. A., followed in an able and lengthy paper on "Forms of Tables for Vital Statistics." After discussing different forms now in use, he proceeded to explain what ought to be included in or rejected from such tables.

In conclusion, attention was called to the importance of using graphic representations of the results of studies of vital statistics, to be given in the form of diagrams and shaded maps, which, although rather expensive, would be much more satisfactory and cheaper in the end.

An interesting paper followed upon "The Relations of Rain-fall and Water Supply to Cholera," by Dr. Henry B. Baker, of Lansing, Mich., which showed that where the water supply was good and the rain-fall abundant cholera was greatly decreased.

"The Virus of Hog Cholera" was the subject of a paper read by Dr. D. E. Salmon, D. V. S. He estimated the ravages of hog cholera

during the present year as costing the snug little sum of \$30,000,000, in addition to its very material influence upon human health, due to contamination of drinking water, soil pollution, and the lard product from them. He advocated cremation as a means of prophylaxis. His paper was ably discussed by Hon. Erastus Brooks, of New York.

Dr. Reed, of New York, offered a resolution recommending legislation—national, State and municipal—to protect the people from the sale of diseased meat, which was appropriately referred.

Dr. J. Berrien Lindsley, the Treasurer, reported that the receipts for the year amounted to \$3,338.13 and the disbursements \$2,233.10, leaving a cash balance on hand of \$1,103.03.

The committee which was appointed at the last meeting of the Association to examine the subject of disinfectants, antiseptics and germicides, in their relation to preventive medicine and sanitation, made a printed report through its Secretary, Mr. George Rohe, of Baltimore, which was referred to the Executive Committee.

Quite a number of prominent and talented gentlemen were then elected to active and associate membership.

The Committee on Necrology reported that the following members had died since the last meeting in 1884 at St. Louis: Dr. J. E. Thomas, Savannah, Ga.; Dr. F. W. Hatch, Sacramento, Cal.; and Prof. P. V. Schenck, St. Louis, Mo.

Dr. Charles Smart, U. S. A., read the report of the Committee on Incorporation, and the constitution, which is incorporated under the laws of the District of Columbia, was amended so that the Incorporation Committee was made a standing committee. The Association then adjourned until 7:30 P.M.

### *The Night Session.*

The evening's session was open to the public, and a large number of resident doctors brought their ladies with them. On the platform were Commissioners Edmonds and Webb, Representative R. W. Townshend, Dr. Smith Townshend, Dr. Sunderland, and twelve ex-Presidents of the Association. The session was commenced by the introduction of Dr. Toner to the audience to deliver the speech of welcome to the members of the society. He prefaced his remarks by stating that he had hoped that President Cleveland would have been present at this meeting, but he had received an autograph letter from him, which he would ask the Secretary to read.

The President, after expressing his regrets at his inability to be present, gave his fullest endorsement of the objects and purposes as well as the work of the Association, and concluded as follows:

"The difference in the death-rate of cities and localities unexplained by natural and inherent causes is of itself enough to give great prominence to the work of the Association, and if this beneficent organization shall succeed, as it ought, in impressing upon municipalities the duty of sensible and thorough sewerage, a plentiful and pure supply of water and general cleanliness, together with a proper construction of school-buildings for the children of their citizens, it may well point with pride to its achievements.

"With the hope that the Association may be the means of constantly increasing benefit to the country, and with expressions of heartiest sympathy with its work, I am, yours sincerely,

"GROVER CLEVELAND."

At the conclusion of the reading, President Cleveland was immediately elected an honorary member of the Association by acclamation, he being the first gentleman to whom this honor had been given.

Dr. Toner then proceeded with his speech, which was an eloquent tribute to the value of the work being done by the Public Health Association. Its mission is eminently humane and world-wide in its sphere. He hoped that the members of the Association during their stay in Washington would make themselves just as much at home as though they were mingling with the members of their own families.

Commissioner Edmonds then bid the Association welcome in the name of the citizens of the District as well as of its government.

In the absence of Hon. Isham G. Harris, Senator from Tennessee, who was unavoidably detained by important committee work, Representative Townshend was called upon, who endorsed the remarks of Judge Edmonds.

The President of the Association, Dr. James E. Reeves, then delivered his annual address. We regret we cannot give space to it entire, but cannot avoid laying before our readers the following extract, as containing views which we had the honor to advocate before the American Medical Association at its meeting in Washington in 1884:

"In these days of political struggle and divers interests, in this country we hear much of the various means for the advancement and protection of the agricultural, the manufacturing, the mercantile, and many others of less extent and importance, including so called *vested*



*rights.* Each of these interests is made the theme for animated discussion and sharp contest by opposing parties at the hustings, and thence become irrepressible questions for deliberation and decision by legislative assemblies, both State and national; and correctly so, for where the interests of the people are largely involved it is manifestly the duty of government to foster and protect them; and where they are opposed to each other, so to regulate them on principles of justice as shall conduce to the general welfare and happiness.

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“From the Agricultural Department, the Commissioner may send our distinguished Fellow, Dr. Salmon, into any part of the United States to investigate an outbreak of disease among cattle, horses, sheep and swine, chickens, geese and ducks—if there should be no demurrer of *States Rights*? And he may order an inquiry to be made concerning the blight of the crops—the *potato-rot*, for example—and the best method of housing, making healthy and productive swarms of honey-bees; but what special, well-organized national department have we which is charged with the humane duty of investigating the causes of diseases among men, women and children?

“The National Government has been thoughtful and liberal in establishing a Department of Education, and the Commissioner, General Eaton, has so wisely and admirably directed the interests committed to his care that, hand in hand with State Superintendents of the public school system, under his leadership the whole nation has been thoroughly awakened to the importance of the mental culture of the citizen; but, unfortunately, at the same time, greatly to the neglect of his physical culture, without attention to which there can be neither longevity and improvement of race, nor stability of government. In other words, the *intellectual life*, not the *absolute life*, is the subject of national concern.

“There have also been provided a Department of Justice, a Civil Service, and a Secret Service, also many other agencies for the enforcement of law and order in society. Even the fisheries, the fish-hatcheries, and the young seals of Alaska must needs have their agents, and are thus vouchsafed national protection; but the defenceless innocents, intended by nature to be the citizens of the next generation, may be killed by hundreds of thousands annually from preventable diseases—scarlet fever, diphtheria, measles, etc.—and the slaughter is wickedly charged to the will of Divine Providence!

"The passage from infancy to childhood, and from childhood to adolescence, is a thousand times more dangerous than the approach to our harbors; but no central effort is made to save the children from death before they reach their fifth anniversary in the voyage of life. During the present year an appropriation of over two millions of dollars (\$2,368,102) was made for the establishment and maintenance of light-houses, fog-signals, and other like means to warn and guide the mariner; and should shipwreck, nevertheless, overtake him, nearly another million (\$926,900) has been furnished to aid in his escape from imminent peril by keeping up the service of the Life-Saving Stations.

"In the same spirit, the Signal Corps was supplied with \$862,580 for its support. It is a valuable service, and well repays to the country the money expended upon it. So long, however, as the object of this weather bureau embodied merely an effort to protect the citizen from disease, no money was voted to prosecute the needful inquiries; but as soon as it was suggested that warnings might be given of approaching storms, and *property*, both on land and sea, be thereby protected, money was appropriated by millions to aid and, as far as possible, perfect that service.

"To the same object may be ascribed the munificence of the Government in giving millions of money to the Coast and Geodetic Surveys, and for the work of the engineers in enlarging the channels to our harbors and improving our interior water-ways. And thus it seems it is less the life than the property of the citizen that is the object of care, for we have seen where property is concerned the National Legislature is always appreciative and liberal. It is only when we come to ask for help to combat the preventable diseases constantly present among the people, and save thousands of valuable lives, that the minds of the national guardians become unappreciative and inattentive.

"The liberality in aid of arctic relief expeditions, and for observations on the transit of Venus, is in striking contrast with the legislation on the subject of the public health. In the budget of appropriations for the present year \$146,500 is given to the National Museum; \$24,500 for the Howard University; \$49,900 for the Freedman's Hospital and Asylum; \$242,158 for the Hospital of the Insane; \$72,000 for the Columbia Institute for the Deaf and Dumb and as final aid to the World's Industrial and Cotton Exposition, \$335,000; but how much for the protection of the health and lives of the people? It is true, temporary provision has been made to protect the country at

large against the exotics, cholera and yellow fever; but it is the enemies we have always with us—scarlet fever, typhoid fever, diphtheria, and other well-known diseases—that produce the greatest destruction of human life and swell the total of the general distress in all parts of the country, and to combat which no national provision has been made.

“Besides all this surveillance of various interests, and the supply of millions of money to support them, how many square miles of the national domain have been given away in railroad subsidies under the plea, no doubt, that ‘the end justifies the means?’ Yet these acts of a liberal and progressive government constitute, probably, not the one-hundredth part of the sum total of appropriations of money for purposes of far less importance than the interests of the public health.

“It may be said that protection from the common diseases of the country is a matter that belongs to the State, the municipality; but it belongs to the National Government as well; at least, with equal reason for the establishment and maintenance of a central Bureau of Education and a Department of Justice, that much more can be effected by national work and coöperation than by a series of independent and incoördinated local efforts.

“But I pray you not to believe that I think the Departments of Agriculture, Education, and Justice have received undue support and encouragement. Very far from such an opinion; so far, indeed, that I should be glad to see increased facilities given to the Agricultural Department for the study of the diseases of our domesticated and food-producing animals; also greater latitude of authority and more money given to the Department of Education. My object in directing your attention to them is simply to show that the interests of the public health have not received a corresponding and sufficient share of national aid and encouragement.

“The National Board of Health, which a few years ago was a live power and a strong arm in protecting the public health, has been so completely handicapped and crippled by inadequate appropriations of money for its support that it has lately been incapable of performing the important service for which it was created, and for that reason has now but a nominal existence.

“The Marine Hospital Service has been greatly favored; and having been thus encouraged, its authority has been industriously directed by the Supervising Surgeon, Dr. Hamilton. Indeed, he has done his

work so well that there is danger, I think, of overloading him with extra-official duties and responsibilities, such as the control of Coast Quarantine and Sanitary Inspections, with their complex entanglements, National and inter-State—duties which were not embraced, or so delegated, “in the bond” establishing that service. But however active and efficient this valuable service may have become under the administration of its able director, Dr. Hamilton, it is not proportioned to meet the need of a permanent and well-supported National Health Bureau, which humanity, the spirit of the age, and the progress of sanitary science in this country demand shall be established, either as an independent branch of the public service or in connection with the Departments of Agriculture and Education. Without such national recognition and liberal support, it is impossible to bring sanitation in this country up to the level of its rapid advancement in Europe; and surely this great government of ours ought not be behind the sister governments in such good work.”

The Association then adjourned until 9:30 A.M. next day.

*Wednesday Morning—Second Day's Session.*

Just before the morning session began, the members of the Public Health Association were photographed in front of Willard's Hall. After the meeting was called to order the usual routine business was disposed of, and the reading of papers commenced. The first paper read was entitled “Small-pox in Canada, and the Methods of Dealing with it in the Different Provinces,” by Dr. P. H. Bryce, Secretary of the Provincial Board of Health, Toronto, Ontario. After stating that he felt like a lawyer before a criminal court pleading for a criminal who has boldly declared himself “not guilty” of an epidemic of small-pox, the speaker proceeded to relate the circumstances of the outbreak of the present year, stating that it was not until a prominent politician had died from that disease that the entire outside world, and Montreal herself, awoke to the situation. The number of deaths was about 3,100, or about one to every infected house. Unfortunately, the epidemic was not confined to Montreal alone.

This paper was discussed by Drs. A. N. Bell, of New York; O'Connor, of Massachusetts; B. James, of Pennsylvania; Jas. A. Stuart. Newell, Jenner, Conn, H. T. Armstrong and others, all of them advocating vaccination and re-vaccination.

A valuable paper on “Impure Air and Unhealthy Occupations as Predisposing Causes of Pulmonary Consumption” was then read by

Dr. C. W. Chancellor, Secretary State Board of Health of Maryland. It was discussed by Dr. Bell, of New York, and Dr. B. James, of Pennsylvania.

The Executive Committee reported that it had not deemed it expedient to adopt the resolution offered on the day previous by Dr. Reed in the matter of securing legislation for the prevention of the sale of diseased meat.

The Secretary reported that the Cosmos Club of the city had extended a cordial invitation for the members of the Association to call upon them at any time during their stay in Washington.

Additional active and associate members were elected, and the Association adjourned until 3 P.M.

#### *Afternoon Session.*

In the afternoon there was an extra session for the reading of the report of the Committee on State Boards of Health, by Dr. Granville P. Conn, of Concord, N. H. The report stated that Maine, Kansas and Pennsylvania had completed the organization of their State Boards of Health since the last meeting. All the other previously existing Boards were in a flourishing condition. The Conference of Boards, through a committee appointed the day previous, had adopted the following propositions:

"1. That it is necessary to have a Conference of Delegates from State Boards of Health at least once a year for the purpose of consultation, and to promote unity of action on matters essential to public health, the prevention of epidemics, and the most efficient means of instructing the people in sanitation.

"2. Suggesting that the meeting be held at the time and place of the annual meeting of the A. P. H. A.

"3. Any conclusions of this Conference that are of interest to the public shall be reported by the Secretary to the American Public Health Association through the standing committee on State Boards of Health."

The Association then adjourned until 7:30 P.M.

#### *The Evening Session.*

The evening session was opened by the President, Dr. James E. Reeves, shortly after 8 o'clock, and Dr. E. M. Hartwell, of Johns Hopkins University, Baltimore, was invited to read his paper upon the "German System of Physical Education." The audience, composed of scientific and medical men, with a fair sprinkling of ladies, com-

fortably filled the hall, and listened with unflagging attention to the very interesting proceedings of the meeting.

At the conclusion of Dr. Hartwell's paper, Gov. Gray, of Indiana, was introduced and made a brief address.

Dr. O. W. Wight, Health Officer of Detroit, Mich., then read a paper on "Experiences in Disinfecting Sewers." He gave an amusing account of his crusade against the sewer gases in his city. He used 300 pounds of copperas and three tons of burning brimstone with the good result of a marked decrease in diphtheria and scarlet fever. "However," concluded Dr. Wight, "the use of disinfectants affords only a temporary safeguard, and in case of a threatened epidemic could never be safely considered an offset to the fearful danger arising from defective sewerage."

Dr. J. H. Raymond, of Brooklyn, commented favorably on Dr. Wight's essay, citing some experiments of his own in which chloride of lime had been found a successful disinfectant.

A good-natured discussion here arose in regard to the distinction of the fungi in sewers. Dr. Wight was asked if many of these fungi were not powerful scavengers, and if it were altogether desirable to destroy them.

Dr. Wight said in reply: "I have no doubt that among the millions of microscopical fungi there are many innocent germs among those which are poisonous, but I believe when necessary to destroy cholera germs, or scarlet fever germs, we should not be too particular about slaughtering the innocents."

Dr. Benjamin Lee, of Philadelphia, then read an interesting and exhaustive essay on the "Debit and Credit Account of the Plymouth Epidemic."

The meeting then adjourned until 9:30 A.M. next day.

#### *Thursday Morning—Third Day's Session.*

The first announcement at the morning's session of the American Public Health Association Thursday was from Dr. Townsend, Chairman of the Committee on Arrangements, who informed the members that an oyster roast would be held for their edification at 2 o'clock in the afternoon at the Eleventh street wharf. Routine business next claimed the attention of the meeting, after which Dr. John H. Rauch, Secretary of the State Board of Health of Illinois, read a paper on "Maritime Quarantine from the Mouth of the St. Lawrence to the Rio Grande." It was a very valuable paper, describing in detail the means

taken at every seaport along the coast from the St. Lawrence to the Gulf to prevent the introduction of disease into the country.

Dr. Joseph Holt, President of the State Board of Health of Louisiana, next spoke upon the Sanitary Protection of New Orleans, municipal and maritime. His paper was an eloquent one, describing the means which had not yet been taken by New Orleans for the sanitation of the city, but toward which he said the people were being educated by the Health Board and by the intelligent public press.

He spoke at length in regard to the success of inoculation for yellow fever, earnestly advocating it as a most important means of prophylaxis. He offered a series of resolutions to the effect that the Association would recommend the appointment of a commission of three members, one recognized for his ability in biological research, and two eminent for their attainments in practical medicine, who should at once proceed to Rio Janerio and investigate this subject. The resolutions ask for an appropriation of \$30,000 from the General Government, and fixes the sum of \$5,000 each as a recompense to each member of the commission.

The concluding paper was read by Dr. S. T. Armstrong, of the United States Marine Hospital Service, on "Maritime Sanitation," in which the subject was considered from the stand-point of the sailor, the passenger, the cargo, the vessel, and the port.

Additional active and associate members were elected.

The Executive Committee presented a new draft of the resolution offered by Mr. Lamb at the session of the day previous, and it was adopted, as follows :

"That the American Public Health Association respectfully recommends to the Commissioner of Statistics and Labor the appointment of one or more commissioners or experts, whose duty it shall be to visit the principal factories and workshops in this country, to examine them carefully with reference to the provisions made in them to insure the safety and health of the employes, and to report on the same with recommendations."

The Philadelphia Board of Health asked the Association to pass resolutions that rats should not be admitted to this country until disinfected.

An Auditing Committee was appointed by the President, consisting of Drs. C. W. Wight, of Detroit; S. W. Bailey, of Louisville; and T. F. Wood, of Wilmington, N. C.

Dr. Raymond, of Brooklyn, here offered a resolution that the subject of the practicability of the disinfection of sewers be referred to the Committee on Disinfection, with a request to report at the next meeting. It was referred to the Executive Committee.

The Association adjourned to call upon the President at the White House, according to a special arrangement.

At a meeting of the Executive Committee immediately after the adjournment of the morning session at 1:30 o'clock, it was decided that the next annual meeting of the Association should be held at Toronto, Ont. A strong plea was put in for Memphis, Tenn., and it is probable that will be the place selected for the year 1887.

Adjourned until 7:30 P.M.

### *The Evening Session.*

At the evening session Dr. J. M. Toner stated that not having been present during the discussion of Dr. Chancellor's paper, he wished to say in regard to the prevalence of pulmonary diseases in Washington that it was due in a great measure to the large number of colored people in the district who, on account of their careless mode of living, without sufficient shelter and proper food, are predisposed to consumption; and, further, that many of the deaths occurring here do not really belong to our population, as they occur among people already fatally affected, and only stopping here on their way to a more southern and genial climate.

A special committee was appointed to consider the resolution offered in regard to the importation and disinfection of rags, as follows: J. Howard Taylor, Philadelphia; A. N. Bell, New York; Henry B. Baker, Michigan; C. W. Chancellor, Maryland; and H. B. Horebeck, South Carolina.

The committee appointed to award the Lomb prizes was then called. Dr. C. W. Chancellor, chairman of the committee to award the prize for the best essay on "Healthy Homes and Foods for the Working Classes," reported that of the thirty-six essays submitted not one was found of sufficient merit to deserve the first prize, but the second prize of \$200 was awarded to Victor C. Vaughn, of Ann Arbor, Mich.

The committee which considered the essay on "The Sanitary Condition and Necessities of School-houses and School-life," had carefully considered the twenty papers presented. Bodily punishment is opposed in all of them except in very extreme cases, as it is affirmed that lethargy, idleness, and disobedience may come from evils in the schools



where severe rules are the near or remote causes of the evils complained of. School competitions are censured as unduly exciting the nervous system. School exhibitions in the heat of summer are condemned. No one school should exceed six hundred pupils. The committee, in concluding, recommend that teachers should be qualified to enforce proper hygiene in their schools. Of the large number of exhaustive papers offered, showing thoughtful and a thorough investigation into the subject of proper light and ventilation, and other hygiene facilities, the committee had selected that of Dr. F. Lincoln, of Boston, as worthy of the second prize. The first prize was not awarded.

The papers on "Disinfection and Individual Prophylaxis against Infectious Diseases" made the only class honored by the award of the first prize. This was given to Dr. George W. Sterling, of Baltimore, whose name was received with great applause.

The committee on the "preventable causes of disease, injury, and death in American manufactories and workshops, and the best means and appliances for preventing and avoiding them," awarded the second prize to Dr. George H. Ireland, of Springfield, Mass. The first prize was not awarded.

At the conclusion of the reports of committees, the President of the Association arose, and in well-chosen remarks introduced Mr. Henry Lomb, who, he said, out of his comparatively small means, had conferred an immense favor upon 60,000,000 people.

On motion of Dr. J. S. Billings, Mr. Lomb was unanimously elected a life member of the Association, amid great applause.

Prof. D. A. Targent, of Harvard University, submitted the report of the Committee on School Hygiene.

Dr. John Morris, of Baltimore, then presented the report of the committee on disposal of the dead, in which strong ground was taken in favor of cremation.

Adjourned until 9:30 A. M. next day.

#### *Fourth Day's Session.*

The Association was called to order, and, after routine business, the following officers were elected for the ensuing year: President, Dr. Henry P. Walcott, of Cambridge, Mass.; First Vice-president, Dr. C. W. Covernton, of Canada; Second Vice-president, Dr. G. B. Thornton, of Memphis, Tenn.; Treasurer, Dr. J. Berrien Lindsley, of Nashville, Tenn.; Executive Committee, Dr. Pinkney Thompson, Ken-

tucky; Dr. Henry B. Baker, Lansing, Mich.; Dr. Joseph Holt, New Orleans; Dr. Charles Smart, U. S. A.; Dr. C. N. Hewitt, Minnesota; and Dr. H. A. Johnson, of Chicago. The Secretary, Dr. Irving A. Watson, holds over.

The report of the Committee on Disinfectants was laid over for action until the meeting next year. Drs. Thomas F. Wood, of North Carolina; S. W. Abbott, of Massachusetts; and Smith Townshend, of Washington, D. C.; were appointed a committee to report next year on the subject of vaccination and vaccine virus. The State Boards of Health were made a section of the Association.

Dr. Lomb offered four additional prizes of \$100, \$75, \$50, and \$25 for the best plan for houses to cost \$600, \$1,000, and \$1,500.

Dr. John S. Billings, as chairman, with two others, were appointed a committee to prepare a uniform yearly, monthly, and weekly mortality report blanks. Congress will be asked to appropriate funds to equip the medical corps of the army and navy to enable them to investigate the causes of infectious diseases. The resolution offered by Dr. Holt, that a commission be appointed to investigate yellow fever in its breeding places, was indorsed.

The following papers were then read: "Observations on the Cape Fear River Water as a Source of Water Supply—in a Study into the Character of Southern River Water," by Dr. Thomas F. Wood, of North Carolina; "Hygiene of the Dwelling," by Dr. George N. Bell, of Newport, R. I.; "Modified Inoculation an Important Auxiliary in Preventing the Spread of Small-pox," by Dr. R. B. S. Hargis, of Pensacola, Fla.; and "An Epidemic of Typhoid Fever," by Prof. C. A. Lindsley, of Yale College.

Additional active and associate members were elected.

This finished the business of the session, and an adjournment was taken until the meeting in Toronto. In dismissing the Association, the retiring President, Dr. Reeves, made reference to the work which had been accomplished by the Association during its existence of thirteen years.

In the afternoon the larger portion of the members, with their wives and friends, went down to the Eleventh-street wharf, where they were entertained with an oyster roast by the Local Committee of Arrangements, of which Dr. Smith Townshend was chairman.

PASTEUR AND HYDROPHOBIA.—On the steamship Canada, which left New York for Havana on the 9th of December, were four children from Newark, N. J., who had been bitten by a rabid dog. They were on their way to France for treatment by M. Pasteur. Their wounds had been thoroughly cauterized immediately after reception. They are in charge of Dr. F. S. Billings, who is an enthusiast in his researches into the nature, cause, and prevention of zymotic diseases. The results of this expedition will be awaited with no little anxiety by scientists and others on this side the "big pond."

M. Pasteur's method of treatment consists in inoculation of a prepared virus by injecting it under the skin with a hypodermic syringe. Ordinarily it produces no illness or unpleasant results. From the *Scientific American* of December 19th we make the following extract in regard to his method:

"The first step in the preparation of the virus used in this operation is the inoculation of a rabbit with a fragment of tissue taken from the spine of a rabid dog. The hydrophobia microbes contained in this tissue, by introduction beneath the skin of the animal, or preferably into its brain, penetrate the entire system, and communicate the disease. The animal becomes mad. The incubation of the poison occupies fifteen days. As soon as death occurs a portion of the spinal marrow of this diseased rabbit is introduced into the system of a second rabbit; from the second rabbit matter is taken with which a third rabbit is inoculated; and the process is continued until sixty animals in all have been treated. The power of the hydrophobia virus increases with each inoculation, so that the last incubation of the sixty operations occupies but seven days. On the other hand, the power of the virus is diminished by dried air, so that different degrees of strength are obtained by keeping the spinal marrow of the inoculated rabbits in bottles of dried air."

In quite a number of cases successful results are claimed. In one which proved unsuccessful it is urged that too great a length of time (thirty-six days) elapsed before it was reached.

We do not know why rabbits have been selected for the purpose of cultivating the virus. Possibly, from their inherent timidity and natural fear of the dog, the attenuated virus is intensified in some essential particular; or mayhaps it was thought as the rabbit belonged by right to the dog, a more literal interpretation is given to the old adage of a "hare of the dog being good for the bite."

STATE CONTROL OF MEDICAL EDUCATION AND PRACTICE will be boomed by the latest addition to medical periodical literature, "*The Physician's Magazine*." In the December number, notice of which we publish, and in a circular letter from its publishers, we are asked for our endorsement. This we cannot give. "TO MEDICAL MEN BELONG MEDICAL THINGS," was an idea inculcated by the late Prof. W. K. Bowling, who taught more medical students than any one man in the entire South and West. He received this correct axiom from Daniel Drake, the greatest medical philosopher of the American continent.

The one great idea inculcated by these philosophers, and the one which brought the greatest degree of success to the many novices who drank wisdom at their feet, was *Backbone*. Look not to Church or State, but rely alone upon the grand profession of medicine to sustain you, for it is fully equal to, if not above, them.

In the first place, medicine needs no aid from the law, and in the second, we shall ever question the constitutionality of any laws looking to its control. "Put not the dirty finger of the law upon it," said Bowling, carried away by his enthusiasm and great love for a great science and art.

One of the grandest ideas, the outcome of this great country, and by reason of which it gained its greatness, was *Freedom*. Freedom of opinion, free religion and free medicine. The foulest blot upon our country is Mormonism—and why? Because the American statesmen, up to the present day, have been afraid to infringe in the least iota, the great inheritance of the originators of the American Government; and on the ground of religious liberty this foul serpent is besmirching with its slimy ooze our fair fame. To place it under the hand of the law, might open up the way to infringements upon the rights of other Christian denomination, who are weaker than their brethren. And so it drags its filthy length along.

Invoke the law in behalf of medicine, and you will do far more toward lowering than elevating it. By devotion to medicine and reliance upon it alone, its disciples will bring it day by day nearer and nearer to an exact science. When this is accomplished, you may lay down unyielding, inflexible laws in regard to the requirements and attainments of those who would enter its domain. But until then let us go on upon the idea of "the survival of the fittest," and if negro pathy, Indian pathy, or any other hocus-pocus can show better results, the people should have the benefit of them as their right.

THE PHYSICIAN'S MAGAZINE is the title of a new journalistic enterprise, by Messrs. Foote & Swift, of Philadelphia. It will be published quarterly, and from the number before us—No. 2, Vol. 1, December, 1885—it bids fair to command a reasonable share of professional patronage. It contains contributions from G. Betton Mapey, M.D., of Philadelphia; J. McF. Gaston, M.D., of Atlanta, Ga.; W. F. Waugh, A.M., M.D., of Philadelphia; Samuel S. Wallian, A.M., M.D., of Bloomingdale, N. Y.; W. C. Dabney, M.D., of Richmond, Va., and others. Sixty four pages each quarter at one dollar per year is reasonable enough for so excellent a periodical. A sample copy will be sent to any address on receipt of ten cents. We cordially welcome it to our exchange table.

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VOLUME VIII.—We desire to extend to our many readers our sincere acknowledgements for their continued appreciation of our JOURNAL, and to assure them that our interest and zeal in its management continues unabated with its age and increases with its growth. We enter upon the new year with a larger number of readers and more substantial patronage than at any time in its most successful history, and can look back on the completed volumes of the past seven years with no little pride and satisfaction; not so much at our own efforts, but that we have received such a generous and cordial support from our professional brethren. To them, and to them alone, are we indebted, and we extend to them our most sincere thanks, and wish them one and all a "*Happy New-Year.*"

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NEW YORKER MEDIZINISCHE PRESSE is the title of a new medical publication, of which we have received the first number, December, 1885. It is a very excellent 48-page journal, filled with well-written original matter, carefully made selections, and is ably edited by Dr. Geo. W. Rachel. It is the only medical journal in the German language published in America, and we can most heartily commend it to our German reading friends. Price \$2.50 per annum. Address German Medical Press Company, 23 Vanderwater street, New York.

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# THE SOUTHERN PRACTITIONER.

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## *Original Communications.*

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### TABES MESENTERICA: A CLINICAL LECTURE.

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BY

W. D. HAGGARD, M.D.,

*Professor of Gynecology and Diseases of Children in the Medical  
Department of the University of Tennessee.*

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REPORTED BY E. M. EVERETT, CLASS OF 1885-6.

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*Gentlemen:* I enjoy the privilege of bringing before you this evening a pathological specimen consisting of the entire abdominal and thoracic viscera taken from a lad of fifteen years of age, who died of tabes mesenterica. The autopsy was held eight hours after death. On opening the abdominal cavity the small intestines were found crowded over to the left side, the right being fully occupied by the mesentery, which was firmly attached to the spinal column from the promontory of the sacrum to the diaphragm. The entire lymphatic system of glands of the abdominal cavity were greatly enlarged, presenting a mass of disease which had resulted in the breaking down of the glandular structures, and

the formation of pus cavities, until all trace of important structures, such as the caput coli, appendix vermiformis, and the receptaculum chyli, were completely obliterated, the whole of these tissues being a conglomerate mass of disease which was so firmly adherent to the spine and the posterior and lateral walls of the abdominal cavity, that the separation necessarily destroyed the anatomical relations to such an extent that they could not be recognized. The spleen was enlarged to perhaps twice its natural size, the liver to a less extent; both were full of miliary tubercular deposits. The mucous coat of the small bowel was much congested and thickened, with frequent ulceration of Peyer's patches; the serous coat was likewise congested and studded over with miliary tubercles. In the thoracic cavity the evidences of disease were less marked. The lungs were found in a state of hypostatic congestion, the heart being normal, except considerably under size.

Gentlemen, I have now given you the history of what was revealed by the autopsy. The chief interest which attaches to the case consists in the extensive disease of the abdominal lymphatic system, which was, as I think, the outcome of an attack of typhoid fever, and the physiological deductions to be drawn therefrom may be interesting. I now ask your earnest attention to the history of this case as obtained from his parents when I was called to take charge of it some three weeks ago. The lad was about fifteen years old, had always been rather under size and delicate. Two years ago he had a severe and protracted case of typhoid fever, which left him much emaciated and profoundly anemic. He never rallied from this condition, although his appetite was good. He never complained of the slightest indisposition until about three months before I saw him. He then began to complain of pain in the abdomen, chiefly in the right inguinal region. As the boy was up and around, no special attention was paid him until the day I was called, at which time his mother had discovered an enlargement in the right side. Physical examination revealed a tumor occupying the right inguinal region as large as a goose egg, oval in shape, and exceedingly tender to the touch. The differential diagnosis now rested be-

tween typhlitis and an enlarged mesenteric gland. The excessive tenderness and resistance to pressure over the entire abdominal region precluded the possibility of a positive diagnosis, although I inclined to the opinion that the disease was tuberculous in character. He was having hectic fever, but no night sweats; his pulse was very quick and feeble; his urine was high-colored, and gave a decided acid reaction, and contained a good deal of mucous, as the outcome of cystitis from bladder pressure. The patient was now placed upon the use of malt, cod liver oil, and ferruginous tonics, with a liberal diet. The prognosis was of course exceedingly unfavorable from the first. He continued to become more emaciated day by day, notwithstanding his appetite was good all the time. He died this morning.

Now, gentlemen, let us see what conclusions we can deduce from his clinical history and the post mortem appearances found at the autopsy. In the first place he has a history of typhoid fever two years ago. Now what are the pathological lesions found in all typical cases of this disease? Beyond all question, ulceration of Peyer's patches is the most pathognomonic lesion. These patches of Peyer, which are found in greatest abundance in the lower third of the ileum, are nothing more than the solitary glands found higher up in the intestinal tract, except they are found in groups instead of singly. I wish especially to call your attention to the fact that these glands are always situated immediately opposite the attachment of the mesentery to the gut. The intestinal canal is provided with a special apparatus whose function is to take up the liquefied portions of food intended for the nourishment of our bodies and carry it into the circulation. This is effected in part by the lacteal and lymphatic system of vessels, the former differing from the latter only in the fact that in addition to the transparent and colorless lymph which the lymphatics contain, they absorb a fluid rich in fat derived from the food by the process of digestion. All oleaginous matters of the food are emulsified by digestion, forming in the intestine a white, milky fluid termed chyle, which is much richer in all the elements of nutrition than any other portion of the intestinal fluids, and it is this that the lymphatic system is more especially con-

cerned in carrying into the circulation than any thing else. Hence the largest amount of nutritive material, from which all the tissues of the body are constructed, finds its way into the circulation through the lacteal, lymphatic, and mesenteric glands, which are found in great abundance between the folds of the mesentery, and really form only a continuation of the absorbent system, which finally terminates in a sacular diverticulum of the thoracic duct known as the receptaculum chyli, which is situated opposite the second lumbar vertebra. The thoracic duct, as you may remember, after traversing the abdominal cavity, passes into the thorax and empties in the left subclavian vein. The only other channel through which the nutritive elements of food enter the circulation is by the absorption by the bloodvessels of the intestinal villi, which hang out as it were into the intestinal tract as the roots of a tree penetrate the soil, and take up in the main, that portion of food which is composed of albuminose, sugar, and molecular fat, which is conveyed through the portal system to the liver, and after it traverses the capillary vessels of this organ is emptied into the vena cava. The closed follicles, or agminated glands known as Peyer's patches, bear such close relation to the lymphatics of the intestine that they are generally regarded as belonging to the same system.

Now we think we are prepared to appreciate why it was that the boy never recuperated—never gained any flesh after his spell of typhoid fever. As we have shown, the emulsified fats in the intestinal canal are mainly carried into the circulation through the absorptive process of the lymphatic system, of which the glands involved in typhoid fever form a part.\* It is plain that the glands, by the pathological condition in which they are left after a severe case of typhoid fever, are in no condition to transmit the chyle, and by reason of the close proximity of the lymphatic vessels and the lymphatic glands as well, they too partici-

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\* Thus when the lacteal vessels and lymphatic glands are the seat of such pathological lesions as occur in typhoid fever, the general nutrition tends to be markedly impaired, owing to the interference with the transmission and due elaboration of chyle, and as they become more and more involved the entire system suffers gravely.

pate in the pathological condition of the follicles, and thus we find the main channel through which the oleaginous matters of the digested food find their way into the circulation cut off. It follows that the patient cannot take on flesh. Since the material out of which blood and fat are constructed fail to enter the circulation, no wonder then we find the patient anemic; no wonder we find him in low flesh; no wonder we find his recuperative powers are gone.

Now let us see if we can trace the analogy between typhoid fever and tabes mesenterica. It only remains in this connection to indicate the special points connected with tabes mesenterica, which constitutes a most important disease in children and young persons. It may exist independently, but is more frequently associated with so-called tubercular ulceration of the intestines; or, as in this case with ulceration of the patches of Peyer as the result of typhoid fever. How far the mesenteric lesion in the specimen before us is indebted to the lesion involved in typhoid fever can only be speculative, but it may be remarked that recent pathological investigations point with such unerring certainty to the existence of important relations between certain diseases—of which typhoid fever is one—and the absorbent system, as scarcely to admit of a doubt as to the fact of the mesenteric trouble being the outcome of the typhoid lesion. In this case this view gains fresh confirmation in the well-established fact that the absorbent system is concerned in a large degree in conveying morbid products from one part of the body to another, such as the syphilitic poison, tubercle, cancer, dissection wounds, puerperal septicemia, etc. Thus we find by tracing the analogy between the lesions in typhoid fever and the lesions in tabes mesenterica, we connect the origin of the mesenteric trouble with typhoid fever.

Now let us see if we can account for the continued anemic and emaciated condition of the lad. Clearly it is traceable to the pathological state of the patches of Peyer, which form their close and intimate relations with the absorbent system of the abdominal viscera affecting the latter secondarily. Owing to the impoverished blood state the vital forces were not sufficient to enable



the *vis medicatrix naturæ* to come to the rescue of the system by providing rich blood out of which to construct anew the various tissues of the body; hence the more the lymphatic and lacteal vessels and glands become invaded, the less chance is afforded the system to recuperate, until finally the structures in the immediate vicinity of the receptaculum chyli were so far destroyed as to cut off the supply of oleaginous elements which, as we have shown, pass into the circulation mainly through the thoracic duct, thus depriving the blood of the element which is most largely effective in producing adipose tissue, leaving the system in the main dependent upon the nutrition it can obtain through the absorptive powers of the capillary blood vessels in the villous prolongation of mucous membrane which hang out, as it were, along the alimentary tube. The elements of nutrition thus afforded are not only insufficient to cause a patient to recuperate from a severe attack of disease which consumes the adipose tissue of the body, but it is likewise incapable of sustaining the vital powers of the system; therefore the equilibrium between waste and repair being destroyed, there is but one alternative left, which is to succumb to the ravages of the disease.

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## CLINICAL LECTURE.

BY

PROF. THEOPHILUS PARVIN, M.D., PHILADELPHIA.

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*[Reported specially for the Southern Practitioner.]*

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### VULVITIS AND VAGINITIS.

This is a girl, who, after exposure to cold (she says) some six weeks ago, had a discharge commence from the vagina. She neither had nor has she any trouble in urination, but there was and is considerable scalding and itching about the vulva and lower part of the vagina. The discharge, she tells us, has not been enough to cause her to wear a napkin; but I ask her about

the character of the stain that it leaves on her underclothing, for this is a very important factor from a diagnostic point of view. She says the stain is slightly yellow, but not stiff. Whenever you have a stiff, starchy, decidedly yellow stain, you can be sure that your patient has endo-metritis. Vaginitis may be caused by cold, by excessive exercise, by the presence of foreign bodies, or by excessive coitus. When with the vaginitis is associated vulvitis, you have good reason to suspect a specific cause, for specific vaginitis seldom exists without vulvitis; but in the specific disease there is also almost always urethritis, and in consequence pain in urination, which does not exist here. It is not an easy matter to make a differential diagnosis between specific and non-specific vaginitis, so that you must be very guarded in expressing an opinion. The only way to be absolutely sure is by the aid of the microscope, when, if it be gonorrhœa, we will find the gonococcus. In this case the exemption of the urethra makes me incline to the idea that it is not specific. Another point in diagnosis has reference to the reaction, for we must remember that while the uterine mucous is alkaline, that from the vagina is acid. But if the patient has been using alkaline injections, as for example, chlorate of potash, the vaginal mucous would likewise be alkaline, so you must be on your guard for this source of error. Upon inspecting the parts I find peripheral redness with a deposit of mucus and other secretions on the external genitalia, and by digital examination I find the vagina swollen and the secretion excessive. If the discharge is very copious and of a greenish yellow color it favors a specific origin, and in this connection the history plays an important part if the patient be a prostitute; or if a married woman she is known to be unfaithful, then the presumption favors specificity. I will here correct an erroneous impression that has some believers. *A woman cannot give gonorrhœa unless she has it.* I believe it is possible for a woman to convey syphilis when she has it not, because the virus may be deposited in her vagina, and a man having connection with her, shortly after its deposition, may contract the virus before the woman herself has absorbed it. The same phenomenon may occur with gonorrhœa, so that a woman may convey the dis-

ease when she does not know that she has it, but it is absolutely imperative that the virus must be there, either as the disease or as a deposit.

Now for treatment: We must commence with hot hip-baths and mucilaginous injections, or acetate of zinc, one grain to one ounce of water; or we may use tampons rolled in dry powdered tannin, or smeared with an ointment of one part of tannin, three parts of vaseline, and three of starch, allowing them to remain in position for some hours. If you prefer it you may use powdered alum, pure or diluted with oxide of zinc or starch. You will be asked by these patients how soon they will get well. While it is difficult to set a time, yet in the non-specific form it will usually take five or six weeks to effect a cure, while the specific will usually hold on for two or three months. If the measures already indicated do not seem to be doing good, it will be necessary to distend the vagina so as to expose the whole surface and paint it with a five or ten per cent. solution of nitrate of silver, for the disease is likely to lurk way up in the posterior wall. This is the treatment indicated for the non-specific form. In the specific form, after a few days of laxatives, it will be well to commence the injection of 1-1000, 1-2000, or 1-3000 solution of corrosive sublimate once or twice daily, which will destroy the gonococci.

#### SUB-INVOLUTION AND EROSION.

I say that this woman is suffering from sub-involution, but I am not sure that this expresses the fact. During pregnancy the uterus undergoes a great evolution, and after labor it is involuted, and the usual notion conveyed by sub-involution is that this latter process is arrested. Dr. Emmett tells us that he has never seen a case of so-called sub-involution where there was not laceration of the cervix. It is my opinion that this laceration is the starting point of metritis, and that it would be more correct to recognize as parenchymatous metritis that which is usually called sub-involution. Remember that the mucus membrane covering the neck of the womb contains no glands, while that which lines it is rich in them. Hence if we have a glandular mucus membrane visible about the os, we may be sure that we have an ero-

sion, an ectropion, or a turning out of the lining membrane due to a cervical laceration.

We will now examine our patient. She is married, twenty-three years old, and had a miscarriage at five months, brought about by a fall, which had the effect of detaching the placenta, thus making the foetus a foreign body, and it was expelled. At the time of the abortion she had some hemorrhage, lasting for two days and then disappearing. Five or six weeks later the hemorrhage recurred. Some authors estimate the puerperal period at six weeks, because if a woman is not nursing her child she is likely to have a discharge for that period. This woman says that she had milk fever, and in this connection I will say that there is almost always an effort at lactation made, even though the abortion may occur as early as the second or third month; therefore you must not be surprised (as you would likely be if you did not bear this in mind) when your patient, who has aborted, asks you what to do "for the milk." When this hemorrhage recurred it lasted for about fourteen days, at which time something (probably a remnant of the placenta) was removed from the uterus. German authorities leave nothing for nature, scrupulously removing every thing immediately after the abortion. But here we have a case where, for six weeks, a portion of the placenta remained without septic infection; but it may happen, and I am commencing to lean more toward the German teaching than I used to. The French do not agree with the Germans, and some of their authors, in commenting on the habits of the latter, naively say that it must be a very complacent womb that will not resent so much scraping. If there is an offensive discharge or much hemorrhage I would say remove every thing. Schroeder even goes so far as to slit up the cervical canal to enable him to thoroughly empty the uterus. Sea-tangle tents take too much time, and there is danger of infection from sponge tents. Rather than slit the cervix I would prefer to use Hagar's dilators, which are made of hard rubber and rendered aseptic by carbolyzed water and oil.

This patient complains also of pain in the abdomen, and it hurts her when she sits down on a hard chair. Examination re-

veals the fact that the uterus is at least one inch too long. Eo-centric hypertrophy is a sign of metritis, the cavity is large, and there is actual thickening of the walls. We usually have leucorrhœa, and in most cases menorrhagia. If you could remove such a uterus you would find engorgement in some places and anæmia in others. In the early stages the organ is universally congested, but later it becomes stenosed in parts. Menorrhagia is most common when the mucus membrane is involved. We will order for this woman hot water injections, and give her ergot and nux vomica, but the greatest relief will be derived from electricity. We hear a great deal about ulcerations of the cervix, and we do find them sometimes, but the majority of the lesions that have for centuries been taken for ulcers are nothing more than hypertrophies of the mucus membrane.

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## THE KIDNEYS.

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BY

W. F. GLENN, M.D.,

*Professor of Genito-Urinary Diseases in the Medical Department  
of the University of Tennessee.*

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No practitioner passes many days, or seldom many hours, without being called upon to prescribe for some real or imaginary disease of the kidneys. While such serious disorders as diabetes and Brights' disease, in which these organs are fatally involved, are occasionally met with, they are few as compared with the many minor affections, not only of the kidneys themselves, but of all parts of the genito-urinary tract. Catarrh of the kidney, ureter, bladder or urethra, irritations and congestions of the various parts of the urinary apparatus, are as common as bad colds. What is more frequent than patients complaining of pain in the back, in the region of the kidneys, with or without a scant flow of urine, or a burning sensation in the neck of the bladder

or urethra on voiding urine, and numbers of other similar ailments. In all forms of functional derangement of these important excretory organs the administration of a gentle but effective diuretic generally affords relief. Where an analysis of urine proves the absence of elements that would indicate serious organic lesions it is a safe, and in fact a proper course, to use a remedy that will stimulate to gentle action the cells of the kidneys, thereby increasing the watery portions of the urine. Such a course will rarely fail to affect a cure.

For this purpose there is nothing superior to buchu, juniper, acetate of potash, corn silk and digitalis. The action of many of this class of remedies, such as corn silk, juniper, encalyptus, etc., have a more or less specific influence on bladder and urethral irritations and inflammations.

Some years since my attention was attracted to a remedy styled Wayne's Diuretic Elixir, which, upon examination, I found to be a combination of acetate of potash, juniper and buchu, prepared in such a manner as not to be unpleasant, but rather agreeable to the taste and accurate in its proportions. Being easier to prescribe and by far more pleasant to the patient than the same remedies freshly mixed in the drug-store, I began to use it in all irritations of the kidneys, bladder, urethra and prostate gland, and have found it to meet every indication. Now, when I desire a mild diuretic effect continued for some time, I rarely depart from this mixture. Prof. Deering J. Roberts, Surgeon to the State Prison, has been using it largely of late at the hospital of that institution, and reports it perfectly satisfactory. Numbers of others of my medical brethren, to whom I have suggested its use, have reported it thoroughly satisfactory. Case after case taken from my own and from others record books, could be cited to show its satisfactory effects, but that is hardly necessary. While Wayne's Elixir is a proprietary medicine, and while I am not an advocate of the wholesale use of all the various preparations that are now crowded upon us, at the same time, after thoroughly testing this one for some years, I feel that it will not be amiss to present its virtues to the profession. Not for any new virtues that its ingredients may possess, for they

have been understood for many years, but because of its careful preparation and pleasant taste, and thereby ready utility. From the very highly satisfactory results obtained by me for the past five years, I am sure its use will be attended with no disappointment or regret.

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## *Selections.*

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AMPUTATION OF THE KNEE-JOINT BY DISARTICULATION; WITH REMARKS ON AMPUTATION OF THE LEG BY LATERAL FLAPS.—At the meeting of the Royal Medical and Chirurgical Society, December 8, Mr. Thomas Bryant read a paper on this subject, which he commenced by saying that the operation of removal of the leg by disarticulation at the knee-joint was first practised in England by Mr. S. Lane, and had been advocated by Messrs. G. D. Pollock, Pick, Stephen Smith, Markoe, Brinton, Staples, and himself. It was still regarded with some suspicion and not frequently resorted to, amputation through (or just above) the condyles being generally preferred. The operation by disarticulation required for its success the disease or injury should be confined to the leg, the condyles of the femur uninvolved or very slightly affected, and sufficiency of healthy soft parts below the knee for the formation of a good flap. If these conditions were not present some other method of amputation would have to be adopted. The author gave tables of his thirty cases, with the results. Where there was no sloughing, no trouble was experienced with the articular cartilage on the condyles of the femur, and after healing the soft parts moved freely over the end of the femur. The cicatrix was always placed well behind the femur. The patella was preserved, its removal being found to be quite unnecessary. The steps of the operation, after three different methods, were then described, viz.: that of Pollock by the long

anterior flap, Pick's plan by lateral flaps, and Stephen Smith's method by lateral hooded flaps; and illustrations of the steps of the latter operation were shown. The author endorsed completely the remarks of the American surgeon upon the value of this method of procedure, and strongly urged its application to cases of amputation in the leg also. The muscle substance was generally included in the flap in thin subjects, but not in others. The resulting stumps in the leg thereby obtained were excellent. The method of Stephen Smith for amputation at the knee-joint was to be preferred to either of the two other plans already mentioned, as it gave a better covering to the condyles of the femur, and the flaps were less prone to slough than in the long anterior flap of Pollock. One case in five of the former sloughed, and rather more than half of the latter class of cases. Smith's method also placed the cicatrix entirely behind the condyles and out of harm's way, whereas by Pick's method the cicatrix came to lie in the inter-condyloid notch. Moreover, Smith's plan permitted no bagging of fluids, the stump being in the position for drainage. The author advocated the leaving of the semilunar cartilages *in situ*, as of great advantage to the case, the soft parts being thereby all held well in place and the fascial relation preserved. Dr. Brinton, as early as 1872, had advised this point of practice. Finally, the author summarized the advantages of this form of operation over amputation through the thigh in the following words: (1) The lessened shock of operation. (2) The lessened section of tissues and the non-exposure of the muscular interspaces of the thigh. (3) The escape from the necessity of sawing the femur, with its attendant risks. (4) The preservation of the attachments of the thigh muscles, and consequently the greater mobility of the stump. (5) The useful character of the resulting stump.

Mr. Pick was glad that the subject had been brought forward, for he felt that the operation was still unpopular, and that preference was given to cutting through the femur, with its attendant dangers. He preferred lateral flaps; in his earlier operations he had made long anterior flaps, and sloughing had frequently resulted; on one occasion he had practised a long posterior flap,



but had found that it dragged upon the incision during repair. The making of the lateral flaps was so, to speak, an accident, they were necessitated by the condition of the skin in a traumatic case. He rather disagreed as to leaving the patella; he thought that it was liable to be displaced, and that it might interfere with the fitting of an artificial limb.

Mr. Marsh commented on the leaving of the articular cartilage; it was not only not followed by any untoward results, but it seemed to act in some measure as a barrier against absorption of wound products. He did not think that any strong prejudice against this operation existed at St. Bartholomew's. It was very important to cut flaps long enough.

Dr. Hardie (Manchester) spoke in favor of the operation. He had read a paper at the Liverpool meeting of the British Medical Association, advocating its utility, but he preferred what he there called the "oblique circular" method. He said there was no other stump, except that of a Syme's operation, which could compare with it, the anatomical conditions being just those favorable for a good result. He thought the circular method lessened the chance of sloughing, as the skin flap remained a single piece. He left the patella, and had never seen harm follow. He was favorably struck with the idea of leaving the semilunar cartilage; it was of course a matter of great moment to secure, if possible, primary union.

Mr. Pollock referred to the question of leaving the patella; there were decided advantages, less dissection was needed, and few muscular insertions; he had never seen inconvenience result, not even as regarded the fixing of artificial limbs; on the contrary, the patients walked firmer, and with less throwing of the limb. He preferred Dr. Hardie's flaps to the lateral one advocated by Mr. Pick.

Mr. Timothy Holmes agreed that the results were very excellent when an operation was successfully carried out, but the method was more dangerous, and less often successful than amputations of the thigh done in any one way. Such flaps, wherever and however obtained, were chiefly skin, and there was danger of their sloughing. He approved of leaving the patella. The dan-

ger of leaving a surface covered with cartilage was antiquated and exaggerated. Nevertheless, the operation was one to be done sparingly and only after very mature consideration. The plan of leaving the semilunar cartilages was a great improvement on the old plan—*Med. Times and Gazette*.

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**A UNIQUE CASE OF FATAL EAR DISEASE.**—Deaths from certain diseases of the ear have long been recognized by otologists, though this knowledge has not yet reached the entire medical profession. Many cases are on record of death attending suppurative inflammation of the middle ear, either acute inflammation in the mastoid cells. In each of these cases the suppurative process extends by one or more of the numerous tissues which pass through the bony walls separating the cavity of the middle ear and the cavity of the mastoid cells from the brain meninges, etc., etc.

Doubtless many cases of meningitis have had such an origin and yet been unrecognized by the medical attendant. The possibility of death from meningitis should be in the thoughts of every person having charge of a suppurating ear, whether it be middle ear or mastoid cells. In this aspect diseases of the ear have a weightier significance than those of the eye. Rarely do diseases of the eye end in death.

But our purpose is not to discuss so much as to describe a seemingly unique form of danger to life from ear diseases. Heretofore circumscribed abscesses were regarded by the otologists quite as harmless as a boil on the finger or face. But Dr. Charles J. Kipp, of N. J. (*Transactions of the American Otological Society*, 1885), reports a case in which a circumscribed inflammation of the external portion of the external ear was followed by meningitis and death. The case was a married lady twenty-eight years old, and in so far as the report indicates of general good constitution and health. Seven months before her death the doctor saw her for the treatment of a circumscribed abscess of the left ear. She readily recovered from this, and no disease was obser-

ved in either middle ear. About seven months later he was called to see the same patient for a similar circumscribed abscess in the left ear. She had been confined in a normal manner some days previously.

All the symptoms pointed to a simple circumscribed inflammation of the outer portion of the external ear. Nor did there appear afterwards while she lived, or after her death, any inflammation of the middle ear. Deep seated pain was the only evidence of the meningitis which followed and caused death twenty-two days after the doctor first saw her. The autopsy revealed intense inflammation over the entire arachnoid and pia-mater. A thick accumulation of pus was found at the anterior portion of the cerebellum, as it rests upon the posterior portion of the temporal bone. The left auditory and facial nerves were completely embedded in pus. Pus was mingled with the cerebro-spinal fluid surrounding the medulla oblongata. An abscess the size of a bean was found in the anterior border of the left lobe of the cerebellum close to its junction with the pons. Lymph surrounded the optic commissure and third nerve. The mastoid cells were filled with purulent fluid. The middle ear contained only a thin exudation. Nor were any evidences found of inflammation old or recent in the same cavity.

Thus it appears that there were none of the objective signs of abscess of the mastoid cells, as those would have been readily detected by such a skilful observer as Dr. Kipp. The relationship between the abscess of the external ear and mastoid disease is also a matter of unusual interest. It could not be determined whether the abscess of the mastoid was primary or secondary.

To specialists at least, circumscribed abscesses of the external ear will have a different significance. Any thoughtful reader of the report will be impressed with the possible dangers to life as well as hearing connected even with the so-called simple aural affections. Possibly all will be incited to a more diligent study of every case committed to our care.—*American Lancet*.

THE TREATMENT OF VARICOSE VEINS.—I noticed in the *Gazette* of November 16, an abstract of an article published in the *British Medical Journal*, by Dr. J. F. Frye, advocating the removal of a section of the varicose vein in varix of the leg.

I believe that I have found a "more excellent way" of treating this very troublesome disease, and I feel disposed to furnish a brief account of the method of operation and treatment which I have practised for forty-eight years in varix of the leg, and the results of the same.

Up to the time of my graduation but little had been done in the treatment of this disease, except to palliate the sufferings of the unfortunate patient by the elastic stocking or bandage, and make an effort to heal up the ulcers which usually accompany this affection of the veins. The surgeon was not able from anything he had read or heard to hold out any promise of a cure of this disease.

Attempts for the occlusion, or rather the obliteration, of the diseased veins were made by pins and caustic, because something must be done to pacify the patient and make him reconciled to his lot. In view of this dubious state of surgical science upon this subject, I was led to inquire what was the objective-point to be reached in curing this diseased state of the veins. My conclusion was that the old veins that had, by degrees, in consequence of the thinness of their coats, become greatly dilated and over-distended with blood, the circulation in them growing slower as they grew larger, producing heat and discomfort in the limb, must be exchanged for new ones, the blood in the mean time being returned in the deep-seated veins.

The next question, of course, to be settled was, how was this important metamorphosis to be accomplished? The answer to me was plain. If occlusion or obliteration of a small section of the veins, as has been the object of those who had inserted pins, ligatures, or made caustic sores, had measurably improved, temporarily, the condition of things,—if a little *occlusion* was good, a complete occlusion must be better, if it could be safely accomplished. And the entire arrest of circulation in the internal saphenic vein, closing all of its tributary branches below the

knee at once, seemed to me to be the way to accomplish this most desirable purpose.

Having heard the venerable surgeon, Prof. R. D. Mussey, M.D., in one of his lectures upon this subject, say that, in his opinion, the operation of ligating the saphenic vein was a feasible one, I was determined the first opportunity I should have to make a trial of its operation. And it was not long after I commenced practice before a very interesting case of varix presented for my treatment.

A Mr. J. M., of Standish, Me., about 45 years old, had been greatly afflicted with varix of the *left* leg, which is the one most commonly affected where only one limb is involved, and upon which there was a large indolent ulcer, as large as the hand, having existed there several years.

I stated to the patient my plan for the cure of such cases. M. was ready to trust his life in my hands. I performed the operation, which I had carefully planned, and which I will soon describe. I placed the patient in a proper position, covered the ulcer upon the leg with simple diachylon plaster, bandaged the limb, and kept the patient confined to his bed about three weeks; when, upon removing the bandage, the aspect of the limb was as natural as the other, the ulcer having healed entirely, and the new and perfect veins showed themselves when the foot was put upon the floor, the old veins being entirely obliterated. By the use of an elastic stocking, which I always recommend, to prevent the new veins from becoming distended and tortuous like the old ones, he lived some twenty-five years with no return of the disease.

Although I have had several cases with favorable results, I will refer to but one other case, which was, I may say a bad one.

R. V., an elder in the family of the Shakers, at Lebanon, N. Y., about 40 years of age, came to me with varix of the left leg. The veins were extremely large, the saphenic vein, from the knee upward to its emergence into the groin, being as large as a broom-stick.

I stated to the patient what I had done, then several times, and the results. He submitted to the operation and treatment, al-

though warned by a surgeon in a college in the State that it would "kill him." But he lived through the operation, had a new set of veins, and, by the proper support of the leg, he has had no return of the disease. I had a letter from him eight years after the operation, and he reported that he had no varicose veins upon his leg.

I will now, as briefly as I can and make myself understood, describe the operation and treatment. If there are unhealthy *ulcers* upon the affected limb, I endeavor to improve their condition so as to show a healthy state of granulation. I then wash the limb with some antiseptic mixture, latterly the carbolic solution, and apply over the ulcer a diachylon plaster. The next step of the operation is, by the aid of the right thumb and forefinger of an assistant, and of my left, to pinch up the integument directly over the saphenous vein upon the inside of the knee, where it is easily found, and passing a bistoury through the two folds of integument, with the back of the bistoury towards the vein, cutting from within outwards, I make an incision about three-quarters of an inch in length, which will bring the vein plainly into view. I then pass a ligature beneath the vein, taking care not to include the nerve that accompanies the vein, but do not tie the vein in this stage of the proceedings. I then raise the foot as high as convenient and commence the application of a bandage, which I apply closely upon the limb from the toes up to the knee, forcing the return of the blood in the veins as much as possible, with the hands in advance of the bandage. When the bandage has reached the knee, I tie the vein, not so tight as to divide its coats, but simply to arrest the upward movement of the blood in the vein, leaving one branch of the ligature out, and the wound is dressed with plaster. I then keep the foot and leg raised as high as comfortable to the patient, and keep the whole limb wet with cold water with the carbolic acid solution, with the occasional use of the tincture of arnica or lobelia, and paying particular attention to the state of the wound, which to the feel is somewhat tender and slightly inflamed. After the ligature becomes loosened, I cut one branch and remove it, as there is no longer any need of it.

In every case I have had, the patient has been comfortable throughout his confinement, having no fever, swelling, or pain. I have given internally, after a few days, aconite, Seidlitz powders, etc., to prevent inflammation, fever, etc.—*J. M. Buzzel, M. D., in The Therapeutic Gazette.*

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**CAPITAL PUNISHMENT.**—While the question of how to render the lawful killing of a murderer painless, has been occupying a share of the attention of physicians and other philanthropists in other States, it has little or no interest for the profession of Michigan, for the very sufficient reason that this State is run on the theory that better use can be made of the criminal than to kill him. Where other commonwealths cause his sudden death by apnoea, Michigan preserves his life, and by means of good food, approved sanitary regulations, and properly-regulated exercise, seeks to prolong his life, so that he shall go down to the grave only in the fulness of years. The latter is held to be the method most in harmony with the humanitarianism which is one of the direct flowers of Christian enlightenment.

The abolition of capital punishment in Michigan was effected some thirty years ago, and for a long time the infrequency of such crimes as usually have the death penalty attached, was pointed to in evidence of the wisdom of the more advanced method of punishing criminals. Philanthropists of other States were, for a long time, wont to point to Michigan in their argument in favor of a method of treating murderers more in harmony with our Christian civilization and enlightenment. It would certainly be uncomplimentary to the better instincts of humanity were such arguments to receive no consideration, and fortified by the good showing for a number of years made by this State, the naturally repugnant hangman bade fair to become a relic of a more barbarous age. Unfortunately, however as our population became greater and approached in the complexity of its make-up the communities, murder became more frequent, and this frequency has continued to increase in a ratio out of propor-

tion to the population, as compared with that of other States, until at the present time Michigan occupies a very unenviable position in this direction. The number and the atrocity of the murders which have been committed within her borders during the past three or four years, have been sufficiently appalling to raise a question as to the propriety of allowing the murderer to live. While, doubtless, all argument from what might be the moral view of the case, as well perhaps, as from the economic, is in favor of keeping him in confinement and compelling him to contribute his labor to the community for the remainder of his natural life, moral and economic considerations go for little when it comes to be a question of self-preservation. Self-preservation is the first law of nature, and when life itself is imperilled in any community it is no time to philosophize. The best means of averting the danger is what must be adopted, and if it becomes necessary to kill the murderer both to remove the danger of his further crime and to deter others by the example thus made of him, society demands that he be killed.

There are, doubtless, such things as epidemics of crime, and when the psychological condition of a community is such as to encourage the spread, we do not believe, in the case of the homicidal impulse, that the deterring influence of confinement in comfortable quarters, with an abundance of food and the chances of escape and pardon, is sufficiently strong to restrain that impulse. The inhibitory influence of the will over passion requires stimulation at times, and there is certainly reason to fear that the prospect of anything less stringent in the way of punishment for murder, than the execution of the perpetrator, is insufficient to the end. The substitution of the death penalty for imprisonment for life will be strongly urged at the next meeting of our State legislature, and there is no class of citizens whose views on the question will carry so much weight as the physicians. It will, therefore, behoove the profession to give the matter that thoughtful consideration which the importance of the subject demands.

—*Medical Age.*



**SUPRA-PUBIC LITHOTOMY; SUTURE OF THE BLADDER-WOUND; PRIMARY UNION.**—At a meeting of the New York Medical Society, December 8, 1885, Dr. Pilcher presented a man, twenty-one years of age, upon whom, two weeks ago that day, he had operated for the removal of stone from the bladder by the supra-pubic method, as perfected by Peterson, of Kiel. The patient had suffered from symptoms of stone about nine years. After etherization, a rubber ball having been introduced into the rectum, it was distended with about ten ounces of water, after which nine ounces of warm solution of boric acid were injected into the bladder through a soft rubber catheter. The result was to cause a very marked protuberance of the bladder above the pubes, and to make exposure of its antero-superior wall by incision above the symphysis pubis remarkably easy. The wall of the bladder having been exposed, he followed the suggestion of Von Antal of making an incision first through the muscular wall of a beveled shape, so as to increase the width of the fresh surfaces afterward to be united by suture. This step having been accomplished without serious inconvenience, the blue color of the mucous membrane of the bladder could be plainly seen by all present in the operating-room of the Post-Graduate Medical School, where the operation was performed. Upon the incision into the bladder being completed, the stone was seized and removed without difficulty. It was of moderate size, weighing two hundred and seven grains in its dry state, and was composed of a nucleus of uric acid with an external layer of oxalate of lime, principally, with some triple phosphates. The ease with which the interior of the bladder could be inspected, after removal of the stone, was particularly noteworthy. The posterior wall was clearly visible, and the whole anterior wall was easy of exploration. The catheter, through which the preliminary injection of boric-acid solution had been made, was left *in situ*, to insure continuous drainage of the urine; the wound in the bladder was closed at seven or eight points by fine silk sutures passing through only the muscular and submucous layers. The supra-jacent musculo-tendinous layer was then closed by a running catgut suture, and the subcutaneous tissues was brought together and supported with three hare-lip

pins, and finally a superficial line of sutures was placed through the integumental wound. A little cotton, sprinkled with iodoform, was laid upon the wound, and the man was put to bed and did perfectly well. The catheter was removed on the ninth day, and the pins were taken out the day following. On the eleventh day the man went to his home, permanent primary union throughout the whole extent of the wound having taken place without unpleasant symptoms of any kind. It was now fourteen days since the operation had been performed.

About fifteen months ago Dr. Pilcher had advised with regard to an operation in the case of a child ten or eleven years of age, in whom, according to his wish, the supra-pubic method was likewise adopted. The operation was performed by Dr. McPhail, at the Brooklyn Orphan Asylum. In that case no attempt was made to close the vesical wound, and the supra-pubic wound was left to granulate, while the bladder was drained by a pair of drainage-tubes passing through the supra-pubic wound to the base of the bladder and outward over the pubes and down between the thighs, after the method of Perrior. The progress of the case was as satisfactory as could be expected; granulation took place and the wound ultimately healed, the patient being discharged cured at the end of the third or the fourth week.—*American Pract. and News.*

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**MASSIVE DOSES OF DIGITALIS IN LOBAR PNEUMONIA.**—In the hands of M. Petrescu, Professor of Therapeutics at Bucharest, (*Progrès Médicale*) the dosage of digitalis has been carried far beyond the limits formally recognised. The disease under treatment was lobar pneumonia, occurring in one lung or in both, in some cases uncomplicated, in others associated with pleurisy. Some of the cases do not seem to have been severe from the first, the majority, however, were so. They were taken in hand as a rule either on the day of attack, or on the second day of the disease. It is also to be noted that the patients were soldiers in hospital, and therefore presumably men of good physique. The use of large doses of digitalis in pneumonia is not novel. M.

Germain Sée has recommended that as large a quantity as seven grains of the leaves be administered per diem in such cases. Hirtz does not consider eleven to fifteen grains too much to employ during the same period, and gives the drug in a large quantity (100 parts) of sugar water, a tablespoonful of the mixture being taken hourly. M. Petrescu claims to have exceeded, without hurtful effect and with marked benefit to the patients, all former recorded measures. His material was selected from various drug stores, in order to avoid the risk of error dependent on the special qualities of any given sample, and his results are briefly stated as follows, viz:

1. The duration of the whole attack is said to be shortened, four days to one week.

2. Fever is strongly controlled and progressively diminished.

3. Sphygmographic tracings show that the pulse is rapidly and decidedly slowed, and dicrotism disappears in great measure and finally altogether, by absorption of the primarily separate dicrotic wave into the descending slope of the main pulse-wave. A regular action of pulse is maintained, as is also the arterial tension from first to last, in apparently due proportion to the heart action and stage of the disease. Respirations diminish steadily and gradually in frequency. M. Petrescu accordingly maintains that the doses he employs represent the true therapeutic quantities of this drug in pneumonia; that only when so given can its anti-phlogistic action be relied upon; and further that digitalis alone has been able to reduce the mortality from pneumonia to a minimum.—*The Practitioner*.

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THE THERAPEUTIC USES OF OXYGEN.—Oxygen composes one-fifth of the earth's atmosphere, one-half of the earth's crust, and eight-ninths of the water of the globe. It is an essential part of the daily food, the adult organism using about two pounds daily; over two-thirds of a quart is constantly circulating in the blood, and it is the most potent factor in the processes of tissue, growth and change. It is not very strange, therefore, that oxygen should be thought to have great therapeutic possibilities, and

that the imagination of the enthusiastic should at times be carried away by apparent evidences of its potency.

Oxygen exists in three forms: the nascent, represented by  $O$ , the ordinary form,  $O_2$ , and the condensed ozone  $O_3$ . It is  $O_2$  with which the organism has ordinarily to do. Oxygen enters the system mainly by the lungs. It is absorbed by the serum, and then is quickly taken up by the hæmoglobin of the blood-corpuscles to the point of almost complete saturation, *i. e.*, within nine-tenths of the point of saturation. The oxygen here is in the form of ozone, as has been sometimes asserted, but is in its neutral form ( $O_2$ ) and in loose combination with the hæmoglobin (Hoppe-Seyler and Pflüger). The oxygen exists to the extent of about seventeen volumes per cent. arterial blood. This normal proportion cannot readily be changed by any safe artificial methods. The inhalation of compressed air, or pure oxygen, and the practice of rapid respiration, may perhaps increase the volume per cent. a trifle. Regnault and Reist have shown that warm-blooded animals in an atmosphere of pure oxygen do not absorb more oxygen or excrete more carbonic acid gas than in ordinary air, and P. Bert admits that even in an atmosphere of compressed air there is only a slight increase in the per cent. of oxygen in the blood.

So far as we can learn, therefore, all careful experiments show that in healthy and warm-blooded animals the inhalation of pure oxygen causes almost no increase in the amount of oxygen in the blood. This amount is dependent upon another factor, *i. e.*, the amount of hæmoglobin in the blood. If this is increased, the oxygen amount is increased also, and in the same ratio the per cent. of iron—a fact of some significance.

It is the opinion of Rossbach and Nothnagel that oxygen inhaled in any manner whatever has no other effect in kind than the ordinary air supplied in extra abundance.

“Good, pure air, free from injurious, gaseous, or solid impurities, has the same therapeutic effects as the inhalation of pure oxygen.”

Oxygen has been recommended for a large number of diseases, *e. g.*, chronic phthisis, scrofula, epilepsy, diabetes, neuralgias

anæmia, asthma, pneumonia, asphyxiation, poisoning with toxic gases, intermittent fever, etc. The best results appear to have been obtained in the dyspnœa of pneumonia, asthma, in asphyxiation, gas-poisoning, and anæmia. Its value in chronic disorders of nutrition is still *sub judice*, and a practical objection to its use is the difficulty and expense of administering it in large amounts for a considerable period.

We cannot quite agree with the somewhat dogmatic views of Rossbach and Nothnagel, that the therapeutic use of oxygen is without a physiological basis. It is possible that the systematic, very slight increase in the per cent. of oxygen in the blood, caused by inhaling the pure gas, may give an impetus to the growth of hæmoglobin, especially when that substance is below the normal amount. In other words, oxygen may stimulate hæmatosis just as iron is believed to do.—*Medical Record*.

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TREATMENT OF TRIFACIAL NEURALGIA WITH HYPEROSMIC ACID.—Neuber was the first to treat neuralgias with hyperosmic acid. Instead of his watery solution, which has the disadvantage of blackening and of losing its medicinal properties in three or four days, we note that Dr. Schapiro (*Archiv. Gener. de Med.*, November, 1885) has recommended the following mixture:

R. Acidi osmici.....1 part.  
Glycerinæ (chemically pure).....40 parts.  
Aquæ distill.....60 parts.

He injects five drops (containing two and half mgrm. of osmic acid) of this solution under the skin. Later this is increased to six mgrm.

The injections made *loco dolenti* occasion exceptionally an exasperation of the pain by exciting branches of the trifacial which previously were unaffected. According to our author, the specific action of hyperosmic acid upon the nervous tissues depends primarily upon a cauterization of the nerve-terminations, and secondarily upon the narcotic action of the drug.

He has treated eight patients (five women and three men), all

suffering from intense facial neuralgia and having resisted every other treatment, with hyperosmic acid, and experienced only a single failure. In this case some central lesions were undoubtedly at the bottom of the affection. About twelve injections sufficed to bring about a complete cure. These results can be regarded as satisfactory, and certainly invite to a trial of the drug in trifacial neuralgia.—*Therapeutic Gazette*.

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**TREATMENT OF CARBUNCLE.**—Dr. James Collins, at a recent meeting of the *Philadelphia Academy of Surgery* stated as follows:

I have lately treated two cases of carbuncle on the back of the neck, by a method which seems to have some advantages. The patient is put under the influence of an anæsthetic and a linear incision made. I then take a scoop and remove all the necrosed tissue, and wash the parts thoroughly with antiseptic solution of mercuric chloride. I then put a drainage tube, and insert two stitches to bring the central part together. Each day the cavity is thoroughly washed out with the antiseptic solution. The patients have done well, and the cicatrix has been less than after any other method I have tried. The success depends upon the removal of the necrosed tissue and the use of the antiseptic solution.

Dr. S. W. Gross said: The plan of Dr. Collins is, I think, based upon proper principles. I consider it far the best operation yet suggested. By scraping away all the dead tissue he gets rid of micrococi which produce putrefaction, which give rise to the sloughs. The application of the corrosive sublimate destroys the micrococci which line the walls of the cavity, and in that way removes the cause of the disease.—*Chicago Med. and Surg. Examiner*.

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**SMALL-POX, CHOLERA AND YELLOW FEVER.**—From the circular issued from the office of the National Board of Health, dated Dec. 30, 1885, we learn that during November and December, cases of small-pox continued to occur in Montreal and its

vicinity, and two cases in Toronto. In Europe cases of the same disease have been reported in London, Bradford, Bristol, Glasgow, Edinburgh, Paris, Bordeaux, Rheims, Antwerp, Zurich, Genoa, Leghorn, Venice, Prague, Trieste, Munich, St. Petersburg and Warsaw. Cases and deaths from cholera are reported as having occurred in Calcutta; in Osaka and Kioga, Japan; in Navarra and Zamora, Spain; in Finisterre, France; and in the Provinces of Palermo and Vinetia, Italy. Yellow fever is mentioned as existing at Havana and Caracas only.

It will be seen that the contagium of small-pox is very widely diffused in Europe; and though steadily diminishing, is still destroying several lives each week in Montreal and its vicinity on this side of the Atlantic; while just enough of cholera lingers in Spain, Italy and France to keep the essential cause from becoming extinct during the winter, and to favor its increase and spread with the return of the next warm season.—*Jour. American Med. Ass'n.*

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CONVALLARIA MULTIFLORA IN HEMORRHOIDS.—Dr. J. W. Hamer (*Columbus Med. Journal*, December, 1885) has used a decoction of the root of convallaria multiflora with considerable success in the internal treatment of patients suffering from piles. His method of administration was to boil one or two ounces of the root in a pint of sweet milk, to be drunk in the course of a few hours, taking about two ounces at a time, a fresh decoction being made every day. Dr. Hamer reports six cases, in four of which great relief was obtained, while in the other two no fair test was given the drug. He finds it acts best in those persons who have a sluggish condition of the portal system and have frequent bilious attacks. He believes that it does not cure hemorrhoids by relieving the patient of constipation, for where constipation was found it still existed after the patients were cured, but that it acts by restoring tone to the flaccid condition of the hemorrhoidal veins. The drug should be used for at least one week before stopping its use, and the fresh root should be employed in all cases, as long drying it appears to become inert.—*Therapeutic Gazette.*

**ACUTE INFLAMMATION OF THE KNEE JOINT.**—In a report on the Progress of Orthopædic Surgery and Diseases of the Joints, by Charles T. Poore, M.D., in the *New York Medical Journal*, occurs the following: "Mr. Richard Barwell (Lancet) advocates the treatment of acute inflammation of the knee joint by aspirating the joint in the following way: The knee is firmly enveloped, by preference, with a sufficiently broad band of elastic webbing; or an ordinary calico bandage will answer the same purpose, care being taken to leave between two of the turns a little interval on the inner side on a level with the upper margin of the patella. At this point a tubular needle is passed into the joint. The fluid runs away, as a rule, quite easily, and often better, without the aspirator vacuum. While it flows the hand should exercise a little pressure on the patella, effectually preventing the entrance of air, and when, the flow having ceased, the needle is withdrawn, the puncture is to be covered with sticking-plaster. Pressure by means of adhesive plaster must then be applied, and the limb placed at rest for a few days upon a splint. In traumatic cases the fluid is deeply stained with blood; in non-traumatic cases, if the evacuation is effected early, the liquid is quite clear. By this procedure the pain is immediately relieved, the temperature, if it has been high, subsides and the patient is well in from ten days to a fortnight."—*Weekly Med. Review*.

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**PLASMODIUM MALARIE.**—In Friedlaender's *Fortschritte der Medicin* is contained an original article by Prof. Marchiafava and Dr. Delli, of Rome, describing the results of their studies on the nature of malaria. Their work was conducted for six weeks in the most dreaded section of the Roman Campagna. As a result, something truly wonderful has been found, namely, a micro-organism that is situated within the red blood corpuscles and there leads a parasitical life. This relation to the red blood corpuscles is an absolute novelty, the micro-organisms that have been so far described in the blood being suspended in the plasma. The researches of the gentlemen named dispose of the bacillus of malaria described by Klebs and Tommasi-Crudeli.



The article is illustrated with cuts showing the changes in form that the plasmodia undergo. The action of quinine has been found to be that of immobilizing the parasite, which then is cast off by the corpuscle it infected.—*Weekly Med. Review.*

**OXALATE OF CERIUM IN DYSENTERY.**—Dr. Benjamin Pearson, of Slippery Rock, Pennsylvania, writes as follows:

Reading, in your Class-Room Notes, remarks made by Prof. Bartholow, on Oxalate of Cerium, is my only excuse for writing the following: I gave an infant of sixteen months, very ill with dysentery, oxalate of cerium to quiet the stomach and relieve vomiting. I commenced with one-half a grain every two hours, giving it night and day, and increased rapidly to seven and one-half grains in three days after, and continued that dose for two weeks without seeing any injurious results therefrom. I also used laudanum injection in conjunction. By these two remedies the child was cured, having taken 1260 grains in two weeks.—*College and Clinical Record.*

**HUGHARD'S HÆMOSTATIC PILLS.**—

R. Ergotine.....  
 Quin. sulph.....aa gr. xxx  
 Digitalis pulv.....  
 Ext. hyoscyama.....aa gr. iii.

M. Ft. pil. No. xx.

Sig.—Five to eight pills daily.—*L'Union Médicale.*

**BACTERIA.**—The great question at present to be settled is, says Dr. Loomis in his recent lecture on bacteriology, whether we are about discovering the ultimate cause of many hitherto obscure pathological states, or whether these microbes are only bacteria of health taking advantage of diminished vitality to develop with increased rapidity—whether they are the cause or the scavengers of disease.—*American Lancet.*

**ANTIPYRINE IN RHEUMATISM.**—Dr. Immerman has found antipyrine a most efficient remedy in acute and masked articular rheumatism. He states that it not only reduces the temperature, but also exerts a specific action on the joint manifestations. In one case of masked rheumatism of the trifacial nerve a permanent cure followed the exhibition of only one drachm of the remedy.—*Med. Record.*

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A WRITER on medical education, in the last number of the *Popular Science Monthly*, commenting on the popular interest in medical topics, fostered by medical bulletins from the sick-beds of great men, and especially on the fascination which the germ theory seems to have for everybody at the present time, remarks that in the wilds of the West a cow-boy recently shot another for calling him a d—d microbe.—*Boston Med. and Surg. Journal.*

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**TREATMENT OF SPRAINS.**—M. Marc Sie endeavors to fulfill the two indications of provoking absorption and favoring cicatrization in the injured joint, by applying firmly an India-rubber bandage over the articulation, taking care to protect the long protuberances with a layer of cotton-wool. It should not be applied so tightly as to cause pain. The elastic bandage causes resorption and keeps the part immovable.—*L'Union Med. du Canada.*

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**NEW HEMOSTATIC AGENT.**—Dr. Spaak employs two parts of chloroform to 200 parts of water as a hemostatic in operations on the mouth and throat, and claims that patients thus treated suffer but slight hæmorrhage. He also uses the chloroform water as a spray after excision of the tonsils. This chloroform water seems to close the open mouths of all small blood vessels instantly.—*Journal de Médecine*, Brussels, Belgium.

THE manuscript of the third medical volume of *The Medical and Surgical History of the War*, and the last of the series, is now well advanced toward completion; its earliest forms are in the hands of the printer. The work will probably be ready for issue during the coming winter.

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THE Germans have nearly stamped out small-pox. In the years 1870-1874 the number of deaths from the disease per 100,000 inhabitants in London, Paris, Vienna, Prague, and St. Petersburg was 101.05. In Berlin, Breslau, Hamburg, Munich, and Dresden during the same period it was but 1.44.—*National Druggist*.

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POMADE OF DR. JULIEN'S FOR PRURITUS VULVÆ.—

R. Zinci oxidi.....	25 grammes.
Acidi salicylici.....	1 gramme.
Glycerini amyli.....	25 grammes.

Sig.—Apply as needed.—*Phila. Med. Times*.

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A PIOUS citizen of Buffalo proposes to chain a Bible to each telephone in the country, so that while waiting for replies, the telephoners will have something to read of a nature to repress profanity.—*Ex*.

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ONE by one are the dear old remedies displaced by modern science. The so-called rattlesnake weed has supplanted whisky as a cure for snake bites and there is no longer any temptation to stroll in the fields.—*Am. Pharmacist*.

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HYPODERMIC injection of pilocarpine is said to be a sure antidote to poisoning from stramonium or its alkaloid, daturine.—*Louisville Med. News*.

## *Reviews and Book Notices.*

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**THE PRINCIPLES AND PRACTICE OF SURGERY.** By JOHN ASH-HURST, JR., M. D., Professor of Clinical Surgery in the University of Pennsylvania, Senior Surgeon to the Children's Hospital, Consulting Surgeon to the Woman's Hospital, to St. Christopher's Hospital, and to the Hospital of the Good Shepherd, etc. Fourth edition. Enlarged and thoroughly revised, with 597 illustrations, 8 vo., leather, pp. 1,118. Lea Brothers & Co., Publishers, Philadelphia. 1885.

This work needs no commendation at our hands. Previous editions established for it an enviable reputation as a complete, thorough and reliable treatise on Surgery, which is fully maintained in the fourth edition. The profession has already placed a satisfactory estimate on the work by exhausting the three preceding editions in a very short space of time.

The object of the work is, as its title indicates, to present, in as concise a manner as may be compatible with clearness, a condensed but comprehensive description of the modes of practice now generally adopted in the treatment of surgical affections, with a plain exposition of the principles upon which they are based.

In revising the work for a fourth edition, the author has spared no pains to render it worthy of a continuance of the favor with which it has hitherto been received, by incorporating in it an account of the more important recent observations in surgical science, and of such novelties in surgical practice as have seemed to him to be really improvements; and by making such changes as have been suggested to him by his enlarged personal experience as a clinical teacher and hospital surgeon.

In regard to the very important subject of anæsthesia, the author states his preference, and of late years, his exclusive reliance  
3 S. P.

upon ether. We regret that he dismisses Dr. Crawford Long's claim of priority in its use so summarily—stating in a foot note that the evidence to sustain said claim is, to him, quite inconclusive. We also think that Dr. Packard's suggestion of "primary anæsthesia," and Hewson's "analgesia" deserving of more extended notice.

There are other minor points of objection, but as no work on surgery yet written can claim perfection, and as each author with whom we may differ is entitled to his opinions, and as our space precludes a more extended notice, we pass them over without further criticism.

The press-work, paper, binding and mechanical execution of the work are most excellent.

**DISEASES OF THE LUNGS (of a Specific, not Tuberculous Nature):**

Acute Bronchitis, Infectious Pneumonia, Gangrene, Syphilis, Cancer and Hydatid of the Lungs. By PROF. GERMAIN SÉE, Member of the Academy of Medicine, Member of the Faculty of Medicine, Physician to Hotel Dieu, Paris, France. Translated by E. P. HURD, M.D., Member of the Massachusetts Medical Society, etc., etc., with Appendices by GEO. M. STERNBERG, M.D., Surgeon U. S. A., and PROF. DUJARDIN BEAUMETZ, Member of the Academy of Medicine, Physician to the Hospital Cochin, Paris, etc., 8 vo., cloth, pp. 398. Wm. Wood & Co., Publishers, 56 and 58 Lafayette Place, New York, N. Y. 1885.

In the November number of their very valuable and now standard library, Messrs. Wood & Co. place before their subscribers this most excellent treatise of Prof. Germain Sée. This distinguished author, in his introduction, very clearly indicates the character of his treatise. We quote it as follows:

"The specificity is the result of but one cause, a living agent, parasitic or virulent, and is the characteristic not only of tuberculosis (which is bacillary in its origin), but also of the greater part of the acute broncho-pulmonary diseases, particularly certain bronchites, the pneumonia, and gangrenous affections of the lungs, which form a first series, easy to define and justify. Certain chronic diseases have the same distinctive quality; these are

syphilis, the verminous affections and cancers, which, without being virulent, are at least auto-infectious."

Being an earnest advocate of the parasitic doctrine, he has endeavored to supply the same data to the elucidation of the problem of treatment.

Appendix A., by Dr. Sternberg, on the Pneumonia-Coccus of Friedlander; and Appendix B., by Prof. Dujardin Beaumetz, on Bacteria, are quite in keeping with the advanced ideas of Prof. Sée.

A TREATISE ON THE DISEASES OF INFANCY AND CHILDHOOD. By J. LEWIS SMITH, M.D., Clinical Professor of Diseases of Children in Bellevue Hospital Medical College, Physician to the Charity Hospital, to the N. Y. Foundling Asylum, etc., etc. Sixth edition. Thoroughly revised, with 40 illustrations. 8 vo., leather, pp. 870. Lea Brothers & Co., Publishers, Philadelphia. 1886.

It is entirely a work of supererogation to call the attention of the medical profession to so standard and well known a work as Smith on Diseases of Children. It is recognized throughout America as a text-book for the student, and a work of reference for the general practitioner. We only deem it necessary to state that in this, the sixth edition, the author has revised the text to such an extent that a considerable part of the book may be considered entirely new, such thorough revision being required by the advancement of our knowledge of the diseases of children since the publication of the preceding edition. Some of the more important subjects have been entirely re-written—such as cerebro-spinal fever, scarlet fever, true croup and infantile diarrhoea, and the treatment of many of the diseases has been revised.

As showing the aim of the author, we quote entire his preface to the fifth edition, feeling no hesitancy in assuring our readers of its most successful accomplishment:

"The constant endeavor of the author, as successive editions of this treatise have been called for, has been to make it more useful to the medical student and to the physician in his daily practice. He has avoided discussion of theories, except as they influence practice, while he has devoted more space to the thera-

peutics of the various diseases. He has been stimulated to this by constant intercourse with physicians, so as to be able to appreciate their wants, and by letters of inquiry sent by physicians, which, for the most part, relate to matters of treatment."

**A MANUAL OF MICROSCOPICAL TECHNOLOGY.** By DR. CARL FRIEDLANDER, Lecturer on Pathological Anatomy, University of Berlin. Translated by STEPHEN YATES HOWELL, M.A., M.D., Buffalo, N. Y. G. P. Putnam's Sons, Publishers, New York. 1885.

The several editions of this inestimable work have succeeded one another very rapidly, showing that it retains great favor with the student. It is especially adapted for ready reference, the arrangement being selected with reference to the wants of the busy practitioner. To give something of an idea of the scope of the manual, the following is the table of contents: The Microscope, Utensils, Reagents, The Principles and Agents Employed in Staining, Demonstration of Bacteria, Observation of Living Tissues, Examination of Fluids, Koch's Method of Staining dried Preparations, Significance of the Tubercle, Bacilli, and Examination of the Solid Structures of the Cadaver, Extirpated Tumors, etc.

It is a complete and convenient little book of practical microscopy, which the student will find of real service, and to which frequent reference can be made with advantage when he is subsequently brought face to face with the exigencies of daily practice.

All who are interested in microscopy will be pleased with the design and execution of this manual, and will feel under obligation to the author, translator, and publishers for placing so valuable a work in their hands.

**HAND BOOK OF THE DISEASES OF THE NERVOUS SYSTEM.** By JAMES ROSS, M.D., LL.D., F.R.C.P., London, Assistant Physician to Manchester Royal Infirmary. 184 illustrations. 8 vo., leather, pp. 723. Lea Brothers & Co., Publishers, Philadelphia. 1885.

This is a most excellent book for students and for those en-

gaged in practice who have scant time to devote to lengthy treatises or special monographs. The author has divided the work into two parts, general and special. In the former, giving a brief but comprehensive outline of the evolution and dissolution of nervous structures and functions, together with a most excellent chapter on the general principles of treatment.

In the special part the work is most thoroughly practical, the author adopting, so far as possible, a clinical classification, so that the diseases which are most apt to be mistaken for each other will be found in immediate proximity, and the reader can thus note the various features which differentiate nervous diseases clinically allied.

This work, so happily conceived and excellently written, can but commend itself to every thoughtful reader; and the plain, practical teachings of the author will be readily accepted as a forward step in the literature of nervous diseases.

The beautiful, clear, large type, excellent paper and general mechanical execution of the work, show that no pains are spared by the well known publishing house of Lea to secure a continuance of the confidence so justly earned by their accuracy and perfect finish of execution.

CLIMATOLOGY AND MINERAL WATERS OF THE UNITED STATES. By A. N. BELL., A.M., M.D., Editor of *The Sanitarian*, Member of the A. M. Association, A. P. H. Association, American Climatological Association, Medical Society of New York, Corresponding Member of the Epidemiological Society of London, etc., etc. 8 vo., cloth, pp. 386. William Wood & Co., Publishers, 56 and 58 Lafayette Place, New York. 1885.

No more practical treatise on a most important subject has yet appeared, than the very excellent volume under the above title, by the distinguished and very competent editor of the best sanitary periodical of the age, constituting the October number of Wood's Standard Library for 1885.

As showing the character of the work, we quote entire the author's very modest prefatory introduction :



"It has been my effort in this treatise so to present the ascertained facts in regard to the variety of climate and mineral waters in the United States as to render them available for the promotion of health. To this end, wherever I have not myself observed the conditions described, I have used the observations of others, and, for the most part, in their own words, without regard to any preconceived theory of relative values; that whatever may be the difference in the views of physicians or other persons on the relative value of different climates and mineral waters in particular cases, or for the promotion of health in general, the work will be equally available for all, with regard to the data of any given place or climate, or mineral waters sought."

DIAGNOSIS OF DISEASES OF THE BRAIN AND OF THE SPINAL CORD. By W. R. GOWERS, M.D., F.R.C.P., Assistant Professor of Clinical Medicine in University College, Physician to University College Hospital, and to the National Hospital for the Paralyzed and Epileptic. 8 vo., cloth, pp. 293. William Wood & Co., Publishers, 56 and 58 Lafayette Place, New York. 1885.

For the concluding number of the Standard Library for 1885, Messrs. Wood & Co. place before the medical public the very excellent work under the above title, consisting of the lectures delivered by Dr. Gowers at University College Hospital. The account given of the diagnosis of the nature of the lesion, contained in the concluding lectures, is intended to impress on the student the methods of diagnosis and the most important distinction between the various diseases, than to furnish an exhaustive description of these distinctions, and will enable a correct and satisfactory diagnosis to be made in the majority of cases that the student or practitioner is likely to encounter.

Notwithstanding the high character and excellence attained by the series of Wood's Standard Library in previous years, the now completed edition of 1885 will do more to add to, and fully sustain this reputation than any that have preceded it. A most excellent collection of valuable and useful books, and at a mere nominal cost.

**PSYCHIATRY.** A Clinical Treatise on Diseases of the Fore-brain, Based upon a Study of its Structure, Functions and Nutrition. By THEODORE MEYNERT, M.D., Professor of Nervous Diseases and Chief of the Psychiatric Clinic in Vienna. Translated (under authority of the author) by B. SACHS, M.D., Instructor in Diseases of the Mind and Nervous System in the New York Polyclinic. Part I. The Anatomy, Physiology, and Chemistry of the Brain. 8 vo., cloth, pp. 285. G. P. Putnam's Sons, Publishers, New York and London. 1885.

This is truly a scientific treatise on diseases of the mind by one best fitted to write such a treatise. Most medical men have long recognized Prof. Meynert as the great brain anatomist, and his work will be hailed with joy, and received with pleasure by all alienists and neurologists, who will gather much valuable information and find much food for reflection in its pages.

The five divisions of the work consist of, 1. Structure and Architecture of the Brain. 2. Minute Anatomy of the Brain. 3. Anatomical Corollaries and Physiology of Cerebral Architecture. 4. Nutrition of the Brain. 5. Appendix—Mechanism of Expression. A very full and complete index closing the volume, which is gotten up in most excellent and unexceptional style by the publishers.

**MANUAL OF THE DISEASES OF WOMEN**, being a concise and systematic exposition of the theory and practice of gynæcology, for the use of students and practitioners. By CHARLES H. MAY, M.D., late House Physician to Mt. Sinai Hospital, New York; Assistant to the Chair of Ophthalmology, New York Polyclinic, Clinical Assistant Department of Ophthalmology, Manhattan Eye and Ear Hospital, New York. 12 mo., cloth, pp. 357. Lea Brothers & Co., Publishers, Philadelphia. 1885.

We do not see the necessity for this work, or that its use will benefit any one than its author, and we question if he will not "pay rather too much for his whistle," even though it *may* advertise him as an *author*. It is entirely too concise and too brief for so important a subject, and is more calculated to mislead than to instruct. We can find but little in it that is not contained in

the table of contents, or chapter headings of recent works on gynecology, with here and there a brief word of approval or disapproval. Nor do we see the propriety of parading his connection with another specialty on the title page, unless the author wishes to impress on the future gynecologist, in view of prospective damage suits, or possible personal assault, the old adage of "Mind your eye."

**ESSENTIALS OF VACCINATION.** A compilation of facts relating to vaccine inoculation and its influence in the prevention of small-pox. By W. A. HARDAWAY, M.D., Professor of Diseases of the Skin in the Post-graduate Faculty of the Missouri Medical College, St. Louis; Member of the American Dermatological Association; formerly one of the vaccine physicians to the city of St. Louis, etc. 12 mo., cloth, pp. 146. J. H. Chambers & Co., Publishers, St. Louis, Mo. 1886.

This very excellent little volume, while not a comprehensive treatise on vaccination, is a brief but careful compilation of the more essential facts relating to this very important subject.

After giving a brief history of the subject, the author discusses variola in animals, nature of vaccine in the animal and the human subject, abnormal modifications and complications, re-vaccination, merits of different kinds of virus, methods of obtaining and storing virus, the operation of vaccinating, and concludes with an examination of the objections to vaccination.

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## *Editorial.*

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### PENETRATING WOUNDS OF THE ABDOMEN.

Among the many progressive suggestions of the quite recent past, we consider but few of more real practical value than those in regard to the treatment of penetrating wounds of the abdomen. Not the timid suggestion Larrey and his contemporaries, though considered bold at that day, although consisting only of enlarging the external wound

barely sufficient to find, and close with suture the wounded gut; but the free and full incision, sufficiently to thoroughly cleanse the peritoneal cavity of all blood-clots, escaped intestinal contents, as well as to secure by efficient ligature any wounded vessel, and to carefully approximate—even by removal of a section—and appropriately suture the wounded intestine. The developments of ovariectomy have shown conclusively that the abdominal cavity can be opened from scrobiculus cordis to pubis, its serous investment mopped and sponged, and its adherent surfaces torn apart, coil after coil of intestine elevated entirely without the abdominal cavity, and the patient yet make a most satisfactory recovery.

Taking into consideration the history of the two last wars of any magnitude engaged in by the American people—that with Mexico, and the late civil war—in which we find the methods of treatment varied but little, yet the results showed a very material difference, can we not see that there was a most urgent necessity for a decided change of methods and medicines. In the war with Mexico, the old smooth-bored gun with its round ball, was the principal weapon of destruction. In the war between the States, the rifled gun and the conical ball had come into general use—the velocity of the latter far exceeding the former. It is by no means uncommon to find among the Mexican veterans yet surviving unequivocal evidences of many recoveries from penetrating wounds of the abdomen, while the surgical history of the late war shows about 80 per cent. of deaths from this injury. The missile of low velocity in the former case, even though it had force enough to penetrate the cavity, in nearly, if not in the majority of instances, pushed aside the intestines with their partly gaseous contents, and although it may have escaped from the body, did so without lacerating or destroying the continuity of the gut, merely bruising or slightly abrading it. In such cases we can readily acknowledge that the expectant and palliative method, with full opiate and anodyne treatment, and spare diet, was frequently attended with a satisfactory recovery.

But with the improvements in firearms, explosives of greater force, the rifled barrel and conical ball, moving with greatly increased velocity, when the bowel was touched, whether partly filled or empty, it was in nearly every instance cut, and its contents permitted to escape into the abdominal cavity, and the palliative and expectant method was followed by a naturally heavy mortality.

With the very excellent address as Chairman of the Section of Surgery of the American Medical Association at the Washington meeting, by Prof. Charles T. Parkes, M.D., of Chicago, in which a very interesting series of experiments were detailed, followed by the case of Dr. Bull, of New York, with seven perforations of the intestine; and that of Dr. John B. Hamilton, Surgeon-General of the Marine Hospital Service, with eleven perforations, both treated by laparotomy, cleansing of the cavity and suturing of the intestine, and a number of other followers along the same line, we have marked another most important epoch in practical surgery.

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#### OBITUARY—DR. G. W. CURREY.

The numberless friends of Dr. G. W. Currey will regret to learn of his sudden demise at his late residence, at the corner of Church and Spruce streets, on the morning of Jan. 25th. He had been sick for eighteen months, and bore all his trials with heroic fortitude. It was thought by many that he would recover, but he had lost all hope of retaining the vigorous life he had steadily maintained for the past sixty-three years, and had said, only a few days before his death, that he would not much longer survive. He met death knowing that it was inevitable. He had no fears as to the next world, and he died knowing full well that there was a great and bright future in the beyond.

His last words were uttered in terms of endearment to his wife in such a cheerful way as to lead her to believe that he was recovering, not knowing that death was at the very threshold.

Dr. Currey was a man of the most noble aims. He was liberal in all his charities, whether bestowed professionally or otherwise. It is remembered that when the cholera epidemic of 1873 scourged Nashville he went to the rescue of the distressed with nothing but love and charity for all, and when smitten down by the dread disease himself he had little hope that he would ever recover, but the good deeds in the saving of so many lives was a sufficient compensation for him.

Dr. Currey was a scholar, having studied under the great professors of his day. He was a graduate of the University of Nashville and of the Medical Department of the same institution.

The deceased was born in the building now occupied by Sax's Bank,

on North College street, Sept. 13, 1823, and was married Sept. 10, 1846, to Miss Emily D. Martin.

His father was Robert B. Currey, who was for twenty-six consecutive years postmaster of Nashville.

He served with distinction as a surgeon in the Confederate States Army, devoting entirely his indomitable energies, and every faculty of his able mind to the care of those under his charge.

At a meeting of the physicians of Nashville, held on the morning of the 27th, suitable resolutions were adopted.

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### MARSHALL COUNTY MEDICAL SOCIETY.

At the last meeting of the above named society, which is composed of the leading Medical practitioners of Marshall County, and of which Dr. Alf. Jones, of Cornersville, is President, and W. C. Ransom, of Farmington is Secretary, the following resolutions were adopted:

*Resolved*, That we as physicians of Marshall County do refuse to use or prescribe any medicine or remedy, the advertisement of which, appears other than in recognized Medical Journals or literature of the medical profession.

*Resolved*, That we memorialize the State Medical Society to take action against such "proprietary" and "trade mark" medicines, as are being indiscriminately advertised simultaneously in recognized medical journals, and political, religious or other periodicals.

*Resolved*, That we believe it lowers the dignity of the profession to prescribe such remedies, by leading the people to believe that we endorse unknown compounds or preparations.

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INTERNATIONAL CONGRESS—SPECIAL ANNOUNCEMENT.—The Executive Committee of the Ninth International Medical Congress, to be held in the city of Washington, D. C., commencing the first Monday in September, 1887, having accepted, under Rule 10 of the Committee on Preliminary Organization, the charge of the business of the Congress, hereby give notice to the members of the medical profession that they have been actively engaged upon, and have now nearly com.

pleted, the arrangements for this meeting; and they anticipate the hearty co-ôperation of the profession everywhere in developing this great scientific and humanitarian assembly. By order of the Executive Committee.

HENRY H. SMITH, Philadelphia,  
*Chairman of Executive Committee.*

NATHAN S. DAVIS, M.D., L.L.D.,  
*Secretary-General of Ninth Int. Med. Congress.*

Chicago, Nov. 24, 1885.

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ROSE'S PEPTOINIZED BEEF:—I have prescribed it largely, and without exception, my patients are pleased with its effects. It is especially valuable in atonic dyspepsia, catarrh of the stomach and bowels, acid indigestion, low fevers, diphtheria, and particularly in neurasthenia in all its forms.

It is a real peptonized food, and I cannot imagine a case where it will not agree with the stomach.

As a food for infants, when all starchy foods are not well borne, this will act as a powerful nutritive agent, and a sedative to the whole system.

As a dietetic agent, it is the greatest boon lately presented to the medical profession.

Very Sincerely, E. M. HALE, M.D.

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TONGALINE:—"Have been prescribing Tongaline during past year, and can cheerfully testify to its great value in Rheumatic and Neuralgic troubles.

Have derived particularly gratifying results from its use in Dysmenorrhea when not dependent on obstruction or serious organic disease.

In the case of a lady of Rheumatic Diathesis and a chronic sufferer from Dysmenorrhea, who had been driven almost to the verge of insanity by her monthly suffering, its action has been most satisfactory. I first prescribed it for her about six months ago when suffering intensely. It relieved her promptly, and she now passes the once dreaded periods with but little discomfort. I could mention other instances of similar character, but this is the most remarkable one.

T. F. FRAZER, M.D., Commerce, Mo.

THE COMMITTEE ON PUBLIC HEALTH has been abolished by the adoption of the new rules in the lower branch of Congress, and hereafter this important subject will receive but little special attention in the House of Representatives. Well that may be all right so long as we are free from epidemic disease. But we are getting a little tired of that old tune, good one though it be. We have no great need of a roof over our heads in fair weather; but we would like to have a little satisfactory assurance that one could be properly and satisfactorily erected after the storm has commenced. We readily acknowledge that there are certain points and principles of sanitation and public health that belong to the State, others that belong to the municipality, and others to the individual; yet we defy any congressman to assert that there are not others that belong entirely to the general government.

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LACTOPEPTINE.—We have used this article for some time in cases of indigestion, and can recommend it as a valuable remedy. Being a compound of the five active agents which are contained in the process of digestion, it cannot fail to aid the system in preparing the food for assimilation. It is an invaluable remedy in the summer diarrhoea of children. Owing to its great impairment of the vital forces, and feeble powers of the digestive tract, food frequently irritates and increases the difficulty. For such cases we learn of no agent in the *Materia Medica* as reliable as Lactopeptine.—*Cal. Med. Jour.*

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SYRUP TRIFOLIUM COMPOUND.—We received from the manufacturers, Messrs. Parke, Davis & Co., some months ago, half a dozen bottles of the above named preparation. According to the manufacturers, each fluidounce contains the active constituents of 32 grains Red clover, 16 grains each of Stillingia, Burdock root, Poke root, Berberis aquifolium and Cascara amarga, 4 grains of Prickly ash bark, with 8 grains of potassium iodide. We have given the preparation a trial in a series of cases of Secondary and Tertiary Syphilis in the Hospital of the Tennessee State Prison, and have derived from it very satisfactory results.



THE QUARTERLY BULLETIN OF THE CLINICAL SOCIETY OF THE NEW YORK POST-GRADUATE MEDICAL SCHOOL AND HOSPITAL is the title of a new medical publication issued quarterly and edited by the Executive Committee of the Faculty. It is a very handsome publication, of 96 pages, printed on good paper, and filled with most excellent articles pertaining to medicine and surgery. The subscription price is \$2.00 per annum. We cordially wish it a successful career.

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OXFORD RETREAT.—This institution has over one hundred rooms, well arranged, well fitted and furnished, with beautiful grounds (35 acres), and every facility to be desired in the treatment of Nervous and Mental Diseases. The superintendent, Dr. D. A. Morse, is eminently qualified for the delicate and responsible duties required of him, being kind, affable, courteous, and with a large experience in the management of nervous and mental diseases.

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THE AMERICAN PRACTITIONER AND NEWS, is the title of a bi-weekly publication successor to *The American Practitioner* of Louisville, (monthly) and *The Louisville Medical News*, (weekly). Its editors are David W. Yandell, M.D., and H. A. Cottel, M. D. From the first number before us, we feel satisfied that it will prove a most satisfactory success.

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LACTOPEPTINE continues to hold its well-earned position as one of the very best remedies in the digestive disturbances so frequent in the hot season. In Cholera Infantum especially, when combined with bismuth, it will be found one of our most trust-worthy remedies.

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A. A. MELLIER, of 709 and 711 Washington Avenue, St. Louis, is the Western and Southern Agent for the pure Bovine Virus, from the celebrated Lancaster County Vaccine Farm. Only virus from purely grain-fed stock. Put up in original glass packings. Send for circular containing prices and discount.

THE SOUTHERN CALIFORNIA PRACTITIONER is the name of a new journalistic venture at Los Angeles, Cal., edited by Drs. J. P. Widney, Joseph Kentz, and Walker Lindlay. It is a very neat 36 page monthly and will be devoted the Medical and Surgical interests of Southern California.

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LACTOPEPTINE will be found far superior to all other remedies in Dyspepsia and kindred diseases.

Also, particularly in Anæmia, General Debility, Chronic Diarrhœa, Constipation, Headache and Depraved Condition of the Blood resulting from imperfect digestion.

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CHOLERA AND SMALL POX.—The first of these diseases still prevails to some extent in Spain and in one Province, Palermo, in Italy, while the latter continues to destroy a number of lives in Montreal and its environs each week.

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KENNEDY'S EXTRACT OF PINUS CANADENSIS for Gonorrhœa is as much a specific as quinine is for malaria.

*McMinville, Tenn.*

B. W. SPARKS, M.D.

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THE AMERICAN LANCET succeeds the *Detroit Lancet*, with a change in form, but the same characteristic excellence given to its predecessor by Dr. Leartus Conner, who guides its destiny and shapes its course.

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DR. S. C. GLEAVES, ex-President Va. Medical Association, says: I believe Camm's Emulsion is the best preparation known for pulmonary diseases.

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THE MEDICAL AND SURGICAL REPORTER enters upon the 33d year of its existence clad in a new dress. With increasing years it shows increasing virility.

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DR. G. F. MASON, West Va., says; With children Camm's Emulsion is the best preparation I have ever used.

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# THE SOUTHERN PRACTITIONER.

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DEVOTED TO MEDICINE AND SURGERY.  
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NASHVILLE, MARCH, 1886.

No. 3.

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## *Original Communications*

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CHARGE TO THE GRADUATING CLASSES OF THE  
MEDICAL AND DENTAL DEPARTMENTS OF  
THE UNIVERSITY OF TENNESSEE AT  
THE ELEVENTH ANNUAL  
COMMENCEMENT.

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BY

W. M. VERTREES, M.D.,

*Professor of Materia Medica and Therapeutics.*

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*Gentlemen of the Graduating Classes :*

We most heartily congratulate you upon the achievement of your degree in our University, and most fraternally welcome you to the great brotherhood of the medical profession, and so sincerely solicitous are we for your welfare that we cannot consent to separate from you even now, without seeking to offer some suggestions which we hope may possibly be beneficial; but if in this we should not be successful, our effort will at least convey to you, the sincere regard and esteem that we entertain for you. I there-

fore, for a few moments, wish to invite your attention to the province of your profession, and the sphere in which your medical skill and talents may be usefully engaged.

Constantly accumulating inductions, with no positive adverse facts to contradict them, have gradually forced upon our convictions almost the certainty of the indestructibility and continuity of force. Man himself is but a correllation and conservation of force, depending for his existence upon the coëxistence of all the elements that compose his body, of the opposing tendencies that reside in every atom of matter, that of repulsion and attraction. From the ceaseless energy and constant struggle of these opposing tendencies, are derived all the varied phenomena of the physical universe. Man, though at the very head, or the grandest production of this ceaseless inherent energy that resides in matter, is still bound down by the law that controls his organic force, as firmly as the meanest reptile that crawls in the dust. He thus occupies a place in the physical world, and is as much dependent under the law of his existence for a continuity and supply of force, as the waters that flow to the ocean, or the planets which revolve in their orbits.

This, then, gentlemen, is the sublime theme of medical philosophy. The study of man's material organization, and his relation to the material forces which environ him, constitute the grand science of medicine. Remove him from his connection, destroy the coördination of the forces engaged in the preparation of material supply, and each atom obeying the law imparted to it in the beginning—that of repulsion and attraction—he ceases to exist or dies, or the force of animal life is arrested. Not so, however, with the inherent force of matter. This is indestructible, and existed in the beginning, and will exist through the cycles of never-ending time, passing in its mission through countless combinations, from a structureless nebulosity, to that form of protoplasm which inspires the emotion that swells the heart of the maiden, or the soul of an Alexander or Napoleon in directing the storm of battle; constantly changing, obeying only in its phantasmagorean creations and dissolutions its own immutable law of repulsion and attraction. Man is but a device of this

ceaseless play of atomic force, that has been millions of years in accomplishing a coördination of laws, that has eventuated in the creation for him of a reason that perceives even beyond the nebula, the existence of a force grander than that of his own reason. The law of man's existence, or animal life, is but a temporary truce between the warring forces of repulsion and attraction, and must have an end—he cannot endure. Hence you, as physicians, must recognize the actual and real relations which man bears to the law of his creation, and those influences that operate upon these laws. The study of the laws of animal life and of the agents which influence these laws comprise the duty of the physician. Medicine is abreast of the other sciences in the effort to push truth to the front. Empiricism, the dogmas of the irregulars, superstition, with its charms and amulets, faith-cure, with the sanctimonious twang of the hypocrite, have all been superseded by a patient, earnest effort to comprehend the laws of natural forces that are used in the treatment of diseases. Therapeutics is rational. It is the application of force and the proper direction of it which cures disease; and were it possible for the physician to understand the laws of man's material relation and therapeutics, as well as the watch-maker and the machinist understands the watch and the locomotive, he could, with the proper use of medicine, restore a man to health when diseased as well as the watch-maker could mend a main spring or the machinist replace a valve. We can never hope to do this. The watch-maker or machinist is directed by what he sees. He thinks of sensible phenomena. He knows nothing of principle. It would not aid him. The process going on in his mind is not an intellectual operation; he proceeds from one object to another, and through the combination of things, he arrives at results just as the musical composer thinks or acts in sounds from one note to another. Not so with the physician. By a comprehension of facts which are acquired only by rational procedure, does he arrive at conclusions which are intellectually perceived. If the artisan has no eyes he can accomplish nothing. If the physician is not possessed of that kind of training which enables him to acquire facts and draw correct deductions from them, medicine is

to him a closed book. In his patient search after facts he partakes of the methods of the artisan. In the silent hours of the night, when the soft curtain of sleep is thrown over one-half the world, in the dark attic of some medical school, at the peril of his liberty from an unjust law, and of his life from the poison of the cadaver, he searches in the presence of decay for a knowledge of the structure of the living. In the wards of our hospitals and at the bedside of the sick, symptoms present themselves which can only be explained in the dead-room by an autopsy. It is here that a knowledge of medicine begins. If you have not come up through this avenue you cannot enter into the portals of medical skill. It is the explanation of the facts you acquire which constitutes the ability to comprehend therapeutics. This ability to explain is limited only by the extent of your knowledge of facts. If you knew all the facts, the problem of therapeutics would be solved. This, however, we can never hope to acquire. Though from what has been accomplished in the last century by the patient research of the profession in chemistry, physiology, and therapeutics, we are encouraged to hope that much more may be accomplished by earnest workers in the field. Every discovery in chemistry enlarges our knowledge of the laws of matter. The physiologist, taking advantage of every improvement in the microscope, advances farther into the heretofore hidden realms that lie beyond the borders of the visible universe, and has developed facts which aid the therapist in successfully combating some of the most formidable diseases of the human organism.

These researches and developments have dissipated in the minds of all well informed physicians all ideas of cure not in conformity with the law of force. Hence you must understand anatomy, you must understand physiology, you must understand chemistry, before you can understand the treatment of disease upon the principle of rational therapeutics. The human organism is the aggregation of forces co-ordinated by a subtle influence which we can never hope to understand. The laws which move it, control it, perpetuate it, and arrest it, are within the scope of our investigation, and we are culpable if we lack this informa-

tion. A knowledge of these laws enables us to comprehend a departure from their normal condition. This departure constitutes disease; disease is a violation of law; cure consists in the removal of the violation, and reparation of the injury.

The watch or locomotive when injured requires the aid of the watchmaker or the machinist to repair it. Not so with this cunningly devised animal organism. The same force that created it, controls it, repairs it, and protects it—all these elements of force reside in normal protoplasm, and through this medium, by a knowledge of the material supply that prepares a healthy protoplasm, we aid in relieving disease by the exercise of this knowledge or the proper use of force. All cures consists in the proper manipulation of force, the lesser yielding to the greater impulse. This is God's law, and in no department of this grand physical universe is it truer than in therapeutics. The strongest animal organism yields to large quantities of morphine. Simply that the force of animal life is limited, the force of morphine only limited by the quantity. A thousand demonstrations attest the truth of this proposition. It is no less true in relation to all the other elements of force which reside in the many thousand medicines that are found in our pharmacopœia.

Then, gentlemen, therapeutics or cure is the proper use of the force that resides in medicine, while strange as it may appear, disease is merely a disturbance of normal force, or the result of antagonism to normal force by an extraneous force, or cause interfering or antagonizing the laws of our physical organism. Without this intervening force or cause with a proper continuity of material supply, man would live his allotted time without a pain. Health is the undisturbed operation of the physical laws of our animal organism. Cure, the removal of disturbance and restoration of normal law. Disease must be regarded then as the result of some force coming in antagonism to the operation of the physical laws of our organism, and of course, is in proportion to the extent of this cause, as the cause is always equal to the effect.

The exact knowledge of the intrinsic force that resides in medicine enables us to use it in the treatment of disease. If you do not understand the nature of the law violated, it will be im-



possible for you to rationally combat the effect of the violation. If you do understand the laws of the animal organism and are deficient in the knowledge of the force of medicine, you cannot rationally prescribe for the sick. Much has been said in relation to the law of medicinal force, and various theories advanced in relation to the law of cure. I will not now pause to endorse or combat such views, many of which at best are mere plausible speculations. But in regard to medicinal force it can only be comprehended upon the postulate announced in the beginning of this discourse, that all the manifestations of force, which reside in matter, is the result of molecular attraction and repulsion which it received in the beginning. Without this postulate, human reason is foiled on the threshold of investigation. Beyond this fundamental conception of mysterious attraction and repulsion, forever resident in matter, it does not appear probable that scientific investigation will ever carry us farther back to the parentage or genesis of force. What lies beyond it, is only grasped by the attributes of the human soul in its sublime longings for immortality, and standing here, having traced divinity down to its last footprints, and peering out beyond the nebula with the eye of hope, we see God enthroned in the majesty of infinite force or power.

But as physicians you must stop here. Force not manifest to the senses is not available in the treatment of disease. Force, beyond matter, will not cure the sick. Leave the investigation of the immaterial to those whose interest lie out beyond the stars. Yours is with the suffering material organism. There can be no pain or sickness beyond matter. If pain and disease is a disturbed material organism, it is only relieved by an adjustment of that disturbance. Immateriality is not made of atoms or molecules. The force of medicine is in its molecular composition. It acts on the human system through these molecules, and the extent of its force is in proportion to the number of molecules that are brought in contact with the molecular organization of our bodies. I am aware that there are those who contend that medicinal force is not in proportion to the number of molecules contained in a drug, but it is increased by divisibility and atten-

uation, which they claim sets free or increases the dynamic force, which is only operative when dematerialized. You cannot understand this any easier than you can comprehend the existence of spirits that hang around the Egyptian mummy. When it was alive, it had a spirit or vital force. Three thousand years ago this separated from the body, and it is dead. When you reduce or attenuate a drug beyond its molecule, medicinal force ceases, or is resolved into its original element, and as medicine, is dead. Now, gentlemen, in conclusion let me advise you to give this subject proper consideration. You leave here to-night to enter upon one of the most responsible positions. You are authorized by this institution, through the laws of Tennessee, to practice medicine, and so far as all the requirements of the profession and the law is concerned, stand upon equal footing with every other member of the profession, but if you cease your toils and are content with the honors already attained, you are to-night at the zenith of your glory. But if, on the other hand, you toil on, overcoming every obstacle that intervenes to prevent the acquisition of medical knowledge, you are but entering upon the path that leads to honor, glory, and wealth. In your future we are deeply interested. Your success will be our success, your achievements will be our triumphs; becoming Alumni, the University of Tennessee will ever be your *Alma Mater*.

## EMPYEMA: A CLINICAL LECTURE.

BY

DEERING J. ROBERTS, M.D.,

*Professor of Theory and Practice of Medicine, and Clinical Medicine, in the Medical Department of the University of Tennessee.*

*Reported expressly for The Southern Practitioner.*

GENTLEMEN: This patient, W. M., male, white, aged 23, was first admitted to the Prison Hospital about six weeks ago. He was at that time suffering from an attack of lung trouble, which was ushered in by slight chilly sensations, with cough, pain in the right side, and fever, the day before. Upon careful physical exploration of the chest there was, on the day of his admission, a distinct friction sound, synchronous with the respiratory movement, heard over the middle and lower portion of the right breast. His breathing was hurried, and the inspiratory movement abbreviated. There was also quite apparent over the lower border of the lung, especially when he was required to take a full inspiration, a true crepitant rale. The expiration on the day of admission was pathognomonic of parenchymatous inflammation—rust-colored, and quite adhesive and glutinous. There were also heard over the central and lower portions of the right lung, the moist rales from accompanying bronchial inflammation. He had been feeling rather out of sorts, dull, listless, and somewhat enfeebled for several days previous, but had continued at his work in the shoe-shop until the day before his admission.

His case was diagnosed as pleuro-pneumonia, and he was placed upon small doses of calomel— $\frac{1}{4}$  gr.—to be taken every two hours until four doses were taken, with full doses of quinine at night. The mercury and quinine were continued the succeeding afternoon and night, succeeded by a full dose of magnes. sulph., which secured a thorough evacuation of his bowels. By

further reference to the case-book I find that the treatment from this time on was of a stimulant and supporting character.

After the first night of his admission his temperature never rose above 102°. His cough, which has continued up to the present time, has always been more or less distressing. The expectoration lost its sanguinolent and adhesive character about the close of the first week, and while being muco-purulent for some days later, has gradually diminished in quantity.

About the second day after his admission the friction sound and the crepitant rale disappeared, and in their place we had dullness, even flatness, over the lower portion of the right lung, which maintained its position regardless of the varying position of the patient. He also had about this time distinct thoracic voice, bronchial respiration, and increased vocal fremitus over the same area, which sounds gradually disappeared about one week later, and at the time of the disappearance of the rusty expectoration were entirely absent.

The decubitus of the patient was almost entirely dorsal, occasionally turning toward the right side after the first week. With the beginning of the second week, while in some respects the patient seemed to be somewhat improved, yet in others he seemed to be not so well. The cough was still more or less continuous and distressing, yet occasionally he would get several hours of quiet, restful sleep at night. The anorexia was not so marked, and his thirst was not so great, yet he seemed weaker, his circulation more rapid, and his breathing more hurried; the respiratory movement being limited entirely to the left side, the right being fixed and immovable. The breath-sounds and resonance on percussion on the left side have been exaggerated from the first. The dullness on percussion which maintained a uniformity of position, regardless of that of the patient during the first two weeks of his treatment, subsequently was noticed to rise higher, and to vary in its height with the position of the patient. While lying on his back we could find dullness quite up to the axilla by percussing over the right lateral region, and anteriorly it would be almost if not quite resonant down to the lower border of the left lung. Raising him upright in the sitting position in bed

the line of dullness passed horizontally around the body just level with the right nipple, and above the line of dullness there was increased resonance, amounting almost to a tympanitic quality. The ear applied just above the line of dullness anteriorly, distinguished a slight friction sound, while posteriorly at the same level and above, could be heard distinct bronchial breathing and bronchophony. There was also slight bulging of the intercostal spaces below, and the tape-line measured fully one and a half inches more around the right side, just below the nipple, than the left.

The third week of his illness was consumed in futile efforts to reduce the amount of effusion by means of diaphoretics, diuretics, and hydragogue cathartics, pushed as far as was deemed safe, and their depressing effects guarded against as much as possible, by free use of alcoholic stimulants, supplemented by vegetable bitter and iron tonics, and as rich and nutritious a diet as he could be induced to take, consisting of milk, eggs, rich soups, meat broths and extracts.

Two weeks ago, finding that no headway had been made, and that while he was growing weaker, and the effusion slowly but steadily increasing, the needle of a Codman and Shurtleff aspirator was introduced at the site of election—the intercostal space between the sixth and seventh ribs—perpendicularly below the axilla, the needle in its entrance hugging the upper border of the lower rib, to prevent wounding the intercostal artery. By this means, nineteen fluid ounces of pure pus was withdrawn, greatly alleviating the now distressing symptom of dyspnoea. But little if any shock followed the withdrawal of the fluid, which was done slowly, consuming fully one and a half hours, after which the entire thorax was enveloped tightly with a broad flannel bandage, drawn as tight as could be borne without interfering with the movement of respiration. His condition was greatly ameliorated, and he was quite comfortable for several days, the cough still persisting, but not so frequent; the respiration hurried, but not so difficult; and the circulation becoming a little fuller and steadier, as manifested by the radial artery. Following the operation of thoracentesis, he was placed on quinine, tr.

of iron, Baker's emulsion of cod liver oil, Trommer's malt extract, and whisky, with nourishing diet.

The apparent improvement lasted but three or four days, and for ten days past he has been gradually getting worse, until he has reached the condition you see him in to-day. His six weeks of suffering and distress have produced considerable emaciation. He is pale and anemic, yet the bright, circumscribed flush upon his cheek, with his temperature of  $102\frac{1}{2}$ , the white, pearly lustre of the adnata of the eyes, are characteristic of hectic. His pulse is 150 to the minute, his respiration over 45. His voice is weak and husky, and you notice that he can scarcely utter more than one short word, or a single syllable at a time, by reason of his great and distressing dyspnoea. His cough is short, hacking, and attended by but little if any expectoration.

Upon baring his chest, you notice that the upper part on the right side seems somewhat contracted and flattened; it is, indeed, shrunken from compression and consolidation of the lung, while the lower part is distended with marked bulging out of the intercostal spaces, so prominent as we get below the line of the nipple that the solid, bony ribs, which are quite apparent in his emaciated condition on the left side, are here the depressions. The respiratory movement, you will notice, is limited almost entirely to the left side. The apex beat of the heart is a little without a line dropped perpendicularly from the left nipple, and the area of cardiac dullness, as indicated by percussion, is moved bodily to the left; in fact, the heart is pushed over to the left by the extensive effusion in the right pleural cavity. In placing the ear alone, or with the intervention of the stethoscope, over the lung, the quickened, abbreviated respiratory movement, with its exaggerated sound, resembles very much the rapid breathing of an infant or a very young child. It is truly puerile respiration, and over nearly the entirety of the right side of the thorax every thing is silent except the heart-sounds which are transmitted; and to the right of the spinal column, even with or just above the angle of the scapula, we have bronchial breathing and bronchial voice.

Upon percussion on the right side marked flatness is the char-

acteristic feature, except just below the clavicle, and over the apex of the lung, the resonance is almost tympanitic. Prof. Flint, in writing of this tympanitic resonance at the upper part of the lung, contends that it is due to an emphysematous condition of this part of the lung-tissue, the lower part being consolidated by the pressure of the effused fluid. In his text-book he cites a case in hospital, observed in 1879, in whom the tympanitic resonance at the apex of the lung was quite marked, and who died suddenly from a thrombus in the left ventricle. Upon post-mortem examination the lower lobe of the lung was found consolidated, and the upper lobe was markedly emphysematous.

From the previous history of the case, the past and present rational and physical clinical phenomena, you can have no hesitation in the diagnosis of empyema, pyothorax, or suppurative pleuritis. You will readily agree with me that we can no longer hold out to our patient a hope of recovery by means of medicines alone. Nor do I deem it necessary to again use the aspirator in removing the large amount of purulent fluid that has again filled the pleural sac. While thoracentesis has been accused of converting a serous effusion into a purulent one, it evidently did not do so in this case. The fluid removed on the former occasion was purely purulent, and we can confidently expect it to be so now. While many cases of purulent effusions have been permanently relieved by an aspiration, it has failed in this. In *Pepper's System of Medicine* the writer on this subject, Dr. Frank Donaldson, resorts to a thoracotomy after three aspirations, and cites a case reported by Dr. Barnes in the *British Medical Journal* in 1877, in which the patient recovered after four aspirations of large quantities of pus. Yet, in this case, owing to the condition of our patient, his extreme degree of debility and emaciation, the development of hectic, etc., point so strongly to imminent failure of his vital powers, should the suppurative process be not speedily arrested, we shall accept the advice of Flint and open the chest cavity. Anstie, in *Reynolds' System of Medicine*, inculcates a similar opinion.

With this curved, sharp-pointed bistoury, we shall make a free incision, at least one and a half inches in length, between the

eighth and ninth ribs, and about two inches posterior to a line dropped perpendicularly from the axilla, keeping the knife close to the upper border of the ninth rib.

[After washing the side thoroughly with carbolized soap and a 1 to 1000 solution of bi-chloride of mercury, and under a full volume of spray from an atomizer, charged with the same antiseptic solution reduced one-half, the incision was made, giving exit to a full stream of thick, yellowish, laudable pus.]

This operation, you see, seems to be a very simple one, differing but little from opening an ordinary abscess. In fact, the only variation that I can call your attention to is, that just previous to making the incision, with the two first fingers of the left hand I pulled the integument over the point selected, somewhat upward, so as to make as much as possible a valvular opening. By the pressure of my fingers I can keep the orifice quite patulous, favoring a full flow of the fluid; and now, fully two pints of pus having escaped, and although I do not believe that it is all out, by relaxing the pressure of my fingers you see it ceases. I shall now quickly cover the entire side with this large mass of antiseptic (borated) cotton, holding it in place by these large adhesive strips, over which I shall place a broad flannel roller, compressing the entire chest as much as is possible, and consistent with a limited degree of comfort. By the pressure and the respiratory movement, and the occasional acts of coughing, we hope and expect that the remainder of the fluid will be forced out into the meshes of the cotton. While we wish to get as much of the fluid as possible out of the pleural cavity, in fact all of it, we are also very desirous that nothing else, not even air, should find its way in. And although we may not accomplish this, we will place as much of a barrier as possible in the way of the entrance of irritating atoms or septic germs. This dressing we shall not change for at least forty-eight, possibly seventy-two, hours.

And now, having given our patient the benefit of surgical aid—which you see by his more easy breathing, the disappearance of that distressed look so very apparent a short while since, has greatly relieved him—we will again resort to medicines to see



what they will do for him. He will be ordered to take Fellows Syrup of Hypophosphites fʒi three times a day, together with fʒij of Camm's Emulsion of Cod Liver Oil. Every six hours he will be given twenty drops of Tr. Ferri Mur. with Quinia Sulph. grs. iiss. Milk punch or egg-nog will be given him at regular intervals, in such quantity and strength that he will get from 8 to 10 ounces of whisky each twenty-four hours. He will also have rich, nutritious soups, meat extracts, and rich milk, at frequent intervals, in such quantities as his stomach and digestive organs will tolerate. The results of this case will be given you at some future day.

[Six weeks later the patient was again presented. He had increased materially in weight and flesh, his hectic flush and anemic appearance had given place to the hue of health; his breathing was easy and uniform; he could speak easily, fluently, and without hesitating for want of breath; his pulse full, soft, and regular, and about 85 to 90. The right side was slightly shrunken, and measured two inches less around the nipple than the left; and the vesicular murmur, although weak, could be heard all over the right side anteriorly, from apex to between seventh and eighth ribs. Posteriorly it was somewhat obscured by bronchial breathing and bronchial voice. The vocal and respiratory fremitus, although apparent on the right, were weaker than on the left. He had again resumed work at his former occupation of shoe-making. The incision had entirely healed, remaining open only about ten days, as manifested by the discharged pus soiling the dressings of absorbent cotton, in gradually diminishing quantities, as they were removed every forty-eight hours during the above mentioned time. The tonic and supporting treatment and diet had been discontinued, and he had been living on the regular prison fare for the preceding week.]

## AN OBSTETRIC EMERGENCY.

BY

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May 20, 1885, I was called to see A. M.—primipara, unmarried—aged twenty years. She had been in labor forty hours. Her general health appeared good, spare figure and nervous temperament; pulse 120, respiration 30, temperature 98, and at the time of my arrival (7 P.M.) there was complete uterine inertia. The woman had been given “teas” to stimulate the uterus for several hours, but after the midwife’s arrival she *diagnosed* (?) the case a shoulder presentation, and ordered all “teasing” stopped until a physician could be brought. A vaginal examination showed her to be in the second stage of labor, os uteri fully dilated, and an apparent slight antero-posterior contraction of the pelvis, vertex presentation, in the first position. The liquor amnii was long since drained away, and the vagina was dry and preternaturally hot. The head had engaged in the superior strait, the cranial bones well overlapped, the child appearing small (its outlines could be distinctly made out through the mother’s abdomen), and not having an obstetric instrument in several miles of me, we sought to terminate the labor without operative interference. Morphia  $\frac{1}{2}$  gr., brandy fl.  $\text{ʒi}$ , was administered hypodermically; cloths wrung out of hot water was applied to the vulva, and as reaction began to come on fl. ext. ergot was given, a few drops every few minutes until a fluid drachm had been given. The labor became regular, and the uterine contractions firm and good, and continued so for two hours, during which time the hot cloths were kept to the vulva and the same doses of brandy and morphia were twice repeated by the mouth; all without effect so far as delivery was concerned. During these two hours the pulse had become firm and regular, about 86 to 90 per minute, the nervous system asserted itself, and the woman was becoming hopeful and cheerful, when suddenly she began to show signs of

exhaustion. The pulse ran up to 140, the temperature went down to 96, extremities became cold, even the heat of vagina began to diminish rapidly, and all the signs of speedy dissolution became manifest. Satisfying myself that the sudden failure of the vital forces was not collapse as a consequence of rupture of the uterus, I informed the patient and her friends of the exact situation, and at their earnest solicitation proceeded to extemporize instruments with which to perform craniotomy. A common bucket bail wire was procured, from which a hook similar in design to Oldham's vertebral hook was fashioned, and a pair of sharp-pointed seamstress' shears completed the armamentarium. The patient was placed in the usual lithotomy position with nates well over the edge of the bed, while an assistant held each knee and the midwife made pressure on the woman's abdomen to steady the child. The shears was introduced with the point governed by the fingers of the left hand, and the head perforated a little behind the parietal prominence, and with their points still closed were passed quickly down to the medulla in order to extinguish life at once in case the child should still be alive. The blades were partially withdrawn and separated an inch and a quarter or half, then closed and turned half round and separated as before. This broke up the calvarium sufficiently and lacerated the brain considerably, which was then completed very easily by passing the shears open into the brain and closing them, repeating a few times. The vertebral hook was then introduced and the cerebral débris removed as speedily as possible. When the mass was principally removed and the calvarium collapsed, the hook was passed into the foramen magnum, a purchase obtained, and with the point of the hook guarded with the finger, traction was made resulting in delivery in forty minutes from the commencement of the operation. The woman slowly rallied and made a good recovery.

From the foregoing case I make the following conclusions: That the practice of going any considerable distance to attend a case of obstetrics and not carrying the proper instruments with us, as is the rule with physicians of this county, if not of the majority of the physicians all over the country, is certainly very

bad policy. While I believe the child in my case to have been dead when I first saw the case, and consequently not effected by the operation, I reflect that I could have saved the mother two hours' pain, and possibly might have saved the child had I have carried the forceps into the room with me. Second, when craniotomy becomes absolutely necessary, a common pair of sharp-pointed shears makes a good and safe perforator, and therefore equal to the best. There being no cutting edge exposed if ordinary care be taken to guard the point, there can be no danger to the mother, and the serious results we sometimes meet with, where the ordinary perforator has been used, are always avoided. And we should not allow ourselves to depend too much on any particular instrument in any case, but try if possible to meet and be equal to every emergency by grasping and utilizing any means of advantage that may be within our reach, and never under any circumstances sit down in the face of trying emergencies and wrap the gloomy mantle of perplexity about us and wish for this, that, and the other, when in many cases a very common thing can be quickly prepared that will answer the purpose, almost or quite as well, as the costliest instrument that is manufactured for that particular purpose.

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## *Selections.*

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**THE DIAGNOSIS BY AUSCULTATION OF PERICARDIAL FRICTION MURMURS.**—The differential diagnosis of pericardial murmurs by means of auscultation is often a problem of the greatest intricacy, owing to the failure to recognize certain laws which pertain to the foundation of the auscultation of cardiac sounds and murmurs. In studying any case of possible pericarditis with equivocal murmurs, it is always helpful to decide whether the etiological relations in a case favor the presence of pericarditis. This condition is rarely, if ever, present as a primary process, but it is frequently consecutive upon rheumatism or with

alterations of the blood-tissue, such as exist in renal processes, pyæmia, or it is secondary to acute or chronic inflammations in adjacent structures, such as the pleura, the peritoneum, the perihepatic tissue, and the mediastinal region.

The special object of this article is to direct attention to the differential diagnostic features of pericardial frictions in general, but especially of those varieties which acoustically closely resemble endocardial valvular murmurs.

In reviewing the causes which produce pericardial murmurs, Hayden has written of acute pericarditis: "I have never met with a case which would warrant me in asserting that a state of simple dryness and vascularity of surface may give rise in the pericardium to veritable friction sounds. I do not, however, deny the possibility of an occurrence which theoretically would seem not improbable. In every instance, without exception, in which I have had the advantage of determining by post-mortem examination of the body, the condition of the serous surface of the pericardium where friction sounds of indubitable pericardial origin had existed during the patient's last illness, I have found lymph in greater or less quantity effused upon the surface." Da Costa supports this statement, and theoretically grants that the initial stage of dryness of the pericardial membrane is associated with murmur, but adds that "practically, I have never seen it, and in the suspected cases, lymph has always been found, with the single exception of a case in which the friction sound had disappeared nearly a week before death, which resulted from kidney lesion, and where it was reasonable to infer that the lymph had been absorbed."

The attributes of a pericardial friction murmur are its quality, including loudness and pitch; its point of maximum intensity; the area of its diffusion, and its rhythm.

1. It is indubitable that the quality of pericardial friction murmurs may be distinctly rubbing or friction-like, and synchronous with the movements rather than the sounds of the heart, which characteristics lead Watson to assign the designation of to-and-fro murmurs; but it is equally true that pericardial murmurs are sometimes blowing in quality, and quite indistinguishable

acoustically from the endocardial valvular murmurs. The superficial quality of the former murmurs afford a basis of distinction, while intra-cardiac valvular murmurs are audible, as though produced on a different and deeper plane. The rubbing sound will be apparent until the quantity of fluid becomes sufficient to separate the walls of the sac; the friction sound reappearing when the lymph is absorbed. The gradual disappearance of the murmur with a gradual reappearance is a fairly diagnostic sign.

The friction murmur may also be recognized by palpation. Stokes, indeed, looked upon the friction fremitus as separating pericarditis from valvular disease. A true pericardial friction fremitus is not limited to the known positions of maximum intensity of endocardial murmurs, but it may be felt over the præcordia, but not often beyond the normal limit of cardiac dullness, unless there be associated inflammation of that portion of the pleura adjacent to the pericardium.

2. If it is granted that in cases of acute pericarditis the murmur is usually due to roughening of the pericardial surface by the presence of lymph, it becomes inferential that the continuous pulsation of the heart may reduce the roughness at one point of the pericardium, while fresh areas of roughness may be developed, and consequently the acoustic phenomena must vary, viz., the point of maximum intensity of the pericardial murmurs cannot always be the same. The friction murmurs must also cease if the fluid effusion becomes considerable, or adhesions of the pericardium may modify or entirely prevent the development of friction sounds. Occasionally bands of lymph have been found on post-mortem examination, stretched like a bridle over the heart across the pericardial sac, which must have favored the development of a murmur during life. When local adhesions of the pericardium permit portions of the free surface, more or less covered with lymph, to exist, the heart being free to move, friction sounds can occur which may be most intense anywhere over the præcordia, except at the points of adhesion. It is evident, therefore, that the location of maximum intensity must be a variable or shifting point, affording a conspicuous contrast to the

organic valvular murmurs, which have fixed centres of maximum distinctness, corresponding with a point at which the chamber of the heart where the murmur is produced, approaches most closely the chest surface. The usual location of friction murmurs, however, is over the heart or near the orifices of the vessels.

3. Special attention should be given to the area of diffusion of pericardial murmurs. It is an ordinary distinctive point that in endocarditis the abnormal murmurs are transmitted upon definite lines of maximum intensity; but in pericarditis one may recognize a very loud murmur, possibly simulating in quality an endocardial murmur, and yet its area of diffusion with maximum intensity is commonly limited to the præcordia, or if transmitted over the whole chest, as may happen in children, or in adults with cardiac hypertrophy, the area of maximum intensity of diffusion will follow some line which does not correspond with the area of diffusion of endocardial murmurs. The latter are transmitted with maximum intensity in a line which coincides with the direction of the blood current by which they are produced. Indeed, by closely observing the single point it may be possible to differentiate in the same case between pericardial and endocardial murmurs, as was illustrated by a recent autopsy upon a case in the Philadelphia Hospital. Lesions were found which had caused a double aortic and double mitral murmur, and also a pericarditis with adhesions which had given rise to pericardial friction murmurs. In this instance all these murmurs had been correctly analyzed during life.

4. The rhythm of pericardial frictions has been already noticed as to and fro, and synchronous with the movements rather than the sounds of the heart, yet the rhythm of pericardial friction murmurs may be systolic or diastolic.

5. A change of posture may increase the intensity of a pericardial friction murmur, rendering a murmur which is faint in the vertical, quite distinct in the recumbent position, while in endocardial murmurs usually the reverse prevails, that is, in those cases in which change of posture has any effect upon the acoustic phenomena of endocardial murmurs.

6. It should be borne in mind that certain postures give relief

to the dyspnoea of pericarditis when this symptom is prominent ; for instance, if the recumbent posture on the left side is selected, the liver and heart both tend to exercise pressure on the pericardium, so that the posture on the right side is usually preferred. This symptom has, therefore, a relative value in estimating the etiology of a doubtful murmur.

7. The alterations common to the walls of the heart in endocardial valvular disease are absent, unless, indeed, endocardial processes are also combined.

In recognizing cases of endocardial murmur, we can estimate the gravity of the lesion rather by the changes in the auricle or ventricle of the heart than by the diffusion or quality of the murmur ; but in pericarditis, these changes do not correspond with the hypertrophy and dilatations commonly found in endocardial valvular lesions ; and when in uncomplicated chronic pericarditis, with adhesions, the heart is hypertrophied, the organ is apt to be drawn up to the left by the adhesions in a more or less significant manner.

8. Friction murmurs can be developed by the movements of the heart in the pleura adjacent to the inflamed pericardial sac, if the former be also covered with lymph. One of the best methods of differentiating this murmur from one developed within the pericardial sac is to cause the patient to cease breathing for a moment, and then by ausculting the heart the friction-sounds persist if of pericardial origin. If the portion of the pleura adjacent to the pericardium be also covered with lymph, the heart's motion transmitted through the pericardium may produce pleuritic friction even while the lung is at rest. The location of the murmur at the border of the pericardium and its transmission beyond its confines will be the best aids to auscultation ; since, in pericarditis without associated pleurisy, the murmur will more probably be confined to the normal limit of cardiac dullness, and the same rule will apply to a friction fremitus recognized by palpation.

A friction murmur can also be produced by the action of the normal heart in an inflamed and roughened pleura. This is very difficult to recognize with precision ; the foregoing principles can



be applied, and the etiological relations of the suspected conditions studied. The murmur is often perceived near the apex of the heart. It may not occur with each cardiac pulsation, and may cease during held expiration.

These observations might readily be extended to include other methods of physical diagnosis applicable to the recognition of pericarditis; but the subject is a familiar one, and only the survey of the results of auscultation has been attempted, chiefly to bring out the characteristics relating to the focus of maximum intensity and the area of diffusion of pericardial friction murmurs.  
—Prof. E. T. Bruen, M.D., in *Phila. Med. and Surg. Reporter*.

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**CARBOLIC ACID INJECTIONS AS A CURE FOR HEMORRHOIDS.**—Much has been written during the last few years concerning the carbolic acid injection treatment of hemorrhoids. Some surgeons have recommended it very highly; other have condemned it as dangerous, ineffective and unsurgical.

Dr. C. B. Kelsey, who has had a large experience in the treatment of rectal disease, is an enthusiastic advocate of this mode of treatment. Comparing the results obtained in this way with those from the use of the clamp and ligature, he says that in his opinion it possesses advantages over either of them. In a recent article in the *New York Medical Journal* (Nov. 14, 1885), he says there are two accidents which may happen in this operation for which the surgeon must be prepared, viz., ulceration and abscess. Ulceration is the result of using a strong solution which causes a distinct slough of the tumor injected. He has never seen an ulcer larger than a twenty-five cent piece, and has never known one to give serious trouble or refuse to heal kindly with proper local treatment. When ulceration does occur, it is well to cease the injections and to deal exclusively with this condition. Applications of nitrate of silver, iodoform, calomel, etc., are usually sufficient to induce cicatrization. The ulcer is not usually painful, and the discharge is about the only symptom of which the patient complains.

It is impossible to predict with any certainty the proportion of

patients in whom a solution of a given strength will produce a slough and in how many a simple induration, though, as a rule, weak solutions are less likely to produce sloughs than the stronger ones.

Abscesses may be trivial or serious. The former develop just at the margin of the anus and result in a superficial fistula, which, if it does not spontaneously heal, can easily be laid open and dressed with lint from the bottom. The other abscess is a much more serious matter, deep in the cellular tissue of the ischio-rectal fossa. Such cases have been cited as among the most serious objections to this operation. They are due to the injection of too strong a solution or of undiluted acid either into a small tumor or into the cellular tissue entirely beneath the tumor. Pure acid injected into a large hemorrhoid may cause a limited slough resulting in a perfect cure, while the same injected *beneath* a small tumor is pretty sure to cause a considerable cellulitis.

As regards the production of pain, he says that, speaking in a general way, he does not expect much pain from a weak solution; but nevertheless it is sometimes met with. If it comes with any solution he is not surprised, and if it does not come he is pleased. Severe pain is quite exceptional.

So far as he has been able to formulate rules concerning this operation they are as follows:

1. Use only the purest crystallized carbolic acid, the purest glycerine and distilled water in the preparation of solutions. Each, when prepared, should be perfectly colorless and clear, the acid being in perfect solution. The glycerine is added to the solution of carbolic acid in water in just sufficient quantity to make a clear fluid, and the amount is not important. As soon as a solution begins to assume a yellowish tint, it should be replaced by a fresh one.

2. Use only the finest and most perfect hypodermic needles and a perfectly working clean syringe with side handles. After each injection, when the syringe is put away, clean it thoroughly, to be ready for the next time.

3. The treatment may be applied to every variety of internal hemorrhoids, no matter what their size. It is not applicable to

external hemorrhoids, either of the cutaneous or the vascular variety, both of which may be treated by better means.

4. Before making an application give an enema of hot water, and let the patient strain the tumors as much into view as possible. Five drops of the solution should then be thrown into the largest tumor, as near its centre as possible, the needle being introduced at the most prominent part of the tumor and care being taken not to penetrate so far as to perforate the wall of the rectum into the surrounding cellular tissue. As it is impossible to tell certainly for at least twenty-four hours just what effect is to follow from an injection, it is best to inject no more than one tumor at a visit. If on the second day there is no pain nor soreness, he would inject another one. As to the immediate effect, there is likely to be some smarting at once, if the injection is made near the verge of the anus; but if above the external sphincter there is likely to be no discomfort for several minutes, when a sense of soreness and smarting will occur. In some cases pain coming on in about half an hour becomes quite severe and then subsides in a few hours. If it increases instead of disappearing, and on the following day there is a good deal of suffering, it is a pretty good indication that a slough is about to form.

5. The strength of the solution is to be adapted to the special case in hand. Into a large, vascular, well-defined, prolapsing tumor he would inject five drops of pure carbolic acid, expecting to produce a circumscribed slough, resulting in a radical cure. A thirty-three-and-one-third per cent. solution would probably produce consolidation and shrinkage without a slough, but the injection would have to be repeated several times. A small, slightly protruding, non-pedunculated tumor, merely felt as a prominence on the mucous membrane, may be cured by a single injection of a five per cent. solution, which would cause it to harden and shrink, while a fifty per cent. solution might give a good deal of trouble.

Of course in this, as in any other surgical procedure, some cases will be more successful than others and an occasional accident will occur; but on the whole, Dr. Kelsey regards it as the best plan of treatment yet devised.—*St. Louis Courier of Medicine*.

**THE RECOGNITION OF MORTIFIED BOWEL IN OPERATIONS FOR THE RELIEF OF STRANGULATED HERNIA.**—The medical practitioner who has been hastily summoned to operate upon a patient with strangulated hernia finds himself confronted with problems, the gravity of which can alone be appreciated by those who have frequently met them. The medical treatment to be adopted, the extent to which taxis should be employed, and the time it is prudent to delay operative interference when other measures have proved fruitless, are grave questions upon the solution of which the life of the patient depends. The operation decided upon, the particular method to be employed and the manner of dealing with the stricture—with or without opening the sac—are matters of minor consequence, and affairs that should be settled in the mind of every practitioner by a reference to sound surgical principles and the teachings of experience. There are questions connected with the condition of the parts strangulated that must be solved by the surgeon during the progress of the operation, about which much less is said in works on surgery than their importance warrants. These pertain to the vitality of the part that has been strangulated, and the duty of the surgeon in the premises. If the part is still living, it matters not how much damaged by compression, it should be returned at once into the abdomen; upon this step the patient's life depends. If the part is mortified and dead, to return it within the cavity of the belly is to insure the patient's destruction; if he is to have a chance for life, other measures must be adopted.

Again, the decision of the operator can but rarely be guided or aided by aught but the conditions revealed by his knife during the operation. The state of the patient and the history of the case may indicate the imminence of mortification of the bowel; in the end the appeal is to the senses of the surgeon, and upon the conclusion at which he then arrives will depend the fate of the patient.

Under these circumstances it behooves every man who may be placed in position to make such a momentous decision to at least go to the task, sustained by every aid that can be derived from the experience of those who themselves have been placed in this

dilemma and compelled to act with such lights as they then possessed—whose records, next to personal experience, become the best guide for those forced to follow in their footsteps.

The history of the case may throw some light upon the state of the intestine. This is especially so in those cases in which the severity of the symptoms suddenly subsides without the rupture having been reduced. The pain is violent, the abdomen distended and singultus and stercoraceous vomiting present; suddenly the patient's sufferings cease, and were it not for the cold extremities, flickering pulse and persistent tumor—but above all, the teachings of experience—the surgeon could not but acknowledge that all tangible appearances portended a change for the better. Yet, almost invariably gangrene of the gut has taken place, and the fallacious evidences of improvement above noted are in reality its best clinical exponent. Certain almost as these signs are, when present, yet it comparatively seldom happens that the surgeon has their aid in guiding him in the measures he must adopt; they form, but infrequently, a part of the history of cases submitted to operation. If present, the surgeon is reasonably sure of what he will find when he operates; they may be absent and mortification yet exist. The patient's chance of life depends upon the surgeon's ability to recognize mortification of the bowel when he sees it, and his promptitude and skill in dealing with it when present.

It scarcely need to be said that mere darkening in color of the bowel, effusion of fluid into the sac, or exudation of lymph about the stricture are of no special significance in this connection, and bear in no way upon the presence or absence of mortification. It has been again and again repeated in manuals treating of hernia operations that a deep, purplish discoloration of the bowel and absence of circulation indicate mortification; that when these physical signs are present the surgeon should press upon the strictured part, and if the color remains unchanged when the finger is removed, the bowel is dead. It requires but little practical experience in dealing with these cases to appreciate the fallacious character of these signs; the gut may be fairly black from congestion and yet alive; the color may remain unchanged under

pressure and still that fact have no bearing on the question of mortification, for a band of stricture, as yet unappreciated, may be the sole cause of the persistent hyperæmia.

It is quite different as regards certain other signs, especially when two or more of them are seen in conjunction. *If the bowel be dark and mottled with grayish spots, of contracted and shrivelled aspect, with a slight amount of discolored fluid surrounding the gut, and a cadaveric odor apparent when the sac is opened,* mortification is certainly present, and the return of the strictured part within the abdominal cavity dooms the patient to certain death. The surgeon's duty is to open the sphacelated gut, apply a poultice and favor the relief of the obstructed bowel by a free discharge of the intestinal contents through the outlet thus formed. An artificial anus is thus established, and the patient, for a time, must be content with this deformity; fortunately it is a condition susceptible of relief, and the surgeon may ultimately free his patient of even this defect.—*Reuben A. Nance, M.D., in Cleveland Med. Gazette.*

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**CALOMEL AS A THERAPEUTIC AGENT.**—Prof Sacharjin has published a paper on calomel treatment of hypertrophic cirrhosis of the liver and on the uses of calomel in internal medication in general in the *Zeitschrift fuer klinische Medicin*.

The author is of the opinion that the mild chloride is invaluable in affections of the bile-ducts, and maintains that in two diseases, especially, no other medicament can accomplish equally good effects. The affections referred to are biliary colic and hypertrophic cirrhosis of the liver. Of the use of mineral waters in such cases no high opinion is entertained, the relief being but for a brief period. Those are especially suited for calomel treatment that present as marked features constant pain in the hepatic region and fever.

The calomel should be given in doses of one grain at hourly intervals until six doses are taken. Thereupon the powder may be administered every two hours. Not more than twelve successive doses should be given. Thus no diarrhea of any serious conse-

quence happens. It is advisable to attend strictly to cleansing the teeth at frequent intervals, and chlorate of potash is suggested as a mouth-wash.

Sacharjin also advises the use of calomel as above detailed in cases of erysipelas in older individuals that are prone to heart-failure and digestive disturbance. The fever is said to be effectually controlled, and the calomel may be repeated after a period of rest, should the process not be arrested.

In enteric fever the results of the author tally with the good experiences of so many others. The calomel should be given in the first week, not later than the eighth or ninth day. Then only if no diarrhea exists.

The purging will relieve meteorism, the sensorium becomes more clear, respiration is easier and the temperature comes down. The calomel is given after the directions cited above and no repetition is had, in order not to depress the patient inordinately. The author does not think that calomel will abort the typhoid fever process.

In acute lobar pneumonia, digitalis, quinine, salicylate of soda and cold water do not accomplish as much as calomel, which should be administered early. The temperature then comes down and a crisis may become established.

Acute Bright's disease is another condition that Sacharjin has treated with calomel with the result of reducing the fever, relieving pain and rendering the urine less albuminous. Profuse diarrhea and great feebleness are to be considered as contra-indications.—*Weekly Med. Review.*

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**HYPODERMIC MEDICATION.**—From Dr. Talford Jones' address before the British Medical Association, we learn that Dr. Alexander Wood, of Edinburgh, in 1855 published an account of his method of introducing liquor morphia into the system by subcutaneous injection, which was the first recommendation of the hypodermic method. It is an important point to know that the cumulative action of drugs is less when thus given than by

any other way; elimination commences sooner and is sooner completed. Dr. Jones advises us to look carefully into the graduations on the piston-rod of the syringe, for he has found them more often wrong than right. While recommending the tablets for hypodermic use, Dr. J. recommends us to make our own solutions, *when we are ready to use them*; the majority of solutions (especially weak ones) do not keep well. The acetate of morphia he prefers to any other preparation of this salt. A *stock* bottle may be made by half filling with water (not distilled), a bottle that holds *exactly* one ounce; put in 40 grains of acetate of morphia and *exactly* four minims of acetic acid; shake and fill the bottle with water. This solution will keep (if corked and kept in the dark) for six months. It should only be opened to fill the case bottle. It may become a little darker, but this is immaterial. A most important question arises in connection with the dose; as a general rule, we may say that, other things being equal, the dose of a drug must be apportioned according to the body weight of the patient. The hypodermic use of morphia should be avoided, if at all possible, with children, and when demanded, after having made due allowance for body weight, we should give no more than half the otherwise proportional dose. The initial dose should be from 1-24 to  $\frac{1}{2}$  of a grain. A solution of atropine will keep a little better if chloroform water or camphor water is used instead of plain water.—*Med. and Surg. Reporter.*

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RAILROAD AND STEAMBOAT FARES TO THE AMERICAN MEDICAL ASSOCIATION MEETING AT ST. LOUIS.—The St. Louis Association of General Passenger and Ticket Agents, representing the railroads terminating at St. Louis, have announced that the tickets to the American Medical Association Meeting on May 4th will be sold at the rate of and one-third full fare for the round trip. The roads represented in this association are Chicago, Burlington and Quincy; Diamond Joe Line; Indianapolis and St. Louis; Louisville, Evansville and St. Louis; Louisville and Nashville; Missouri Pacific; Ohio and Mississippi; St. Louis



and Cairo Short Line ; St. Louis and San Francisco ; St. Louis, Keokuk and Northwestern ; St. Louis, Iron Mountain and Southern ; St. Louis and St. Paul Packet ; Vandalia Line ; Wabash, St. Louis and Pacific.

The other railroads of the country have not as yet taken official action in the matter, but we are assured of the same rate being quoted by the majority.—*St. Louis Courier of Medicine*.

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**EXTRAORDINARY FECUNDITY.**—Dr. H. L. Battle, of Wadley, Ga., sends us the following remarkable case:

“Anna T., a stout, healthy negress, married, age 24, the mother of four children, was delivered January 1, 1885, of a stout, healthy male child. It lived until March 11, 1885, at which date it died of acute bronchial catarrh. October 1, 1885, I delivered her of another fine, healthy boy, who is still alive at the date of this writing, January 1, 1886. This last child cried lustily at its birth, had a full head of hair, toe and finger nails well developed, and could not have been less than eight months. Just nine months between the children. How is that for fast?”  
—*Atlanta Med. and Surg. Journal*.

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**THE SHORTEST INTERVAL BETWEEN CONFINEMENTS.**—Dr. L. N. Davis, of Indiana, writes us:

“Dr. I. N. Trent reported last year to the Randolph County (Ind.) Medical Society the case of a lady, whom he had waited on twice in confinement at full term, within a period of nine and a half months. The first time she was delivered of twins, with forceps; the second, of a healthy boy without assistance. During the first labor she had convulsions, with albuminuria, the albumen continuing five months thereafter. Is this not the shortest interval between confinements on record?”—*Phila. Med. and Surg. Reporter*.

**TREATMENT OF ACUTE RHEUMATISM.**—Dr. R. H. Fox states in the *British Medical Journal* that in a severe case of rheumatism in which salicylate of sodium, potassium, quinine, colchicum and liniments had all failed to relieve the fever and pain, the relief was immediate after sponging with cold water and quickly drying the skin afterward. Although this is no new treatment, it is one which requires some courage to practice, and yet may be well adapted to certain severe cases in which the salicylic remedies are ineffectual.—*Therapeutic Gazette*.

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**TREATMENT OF UMBILICAL HERNIA.**—The following simple method is recommended by Dr. Archambault (*Journal de Accouchements*, October 30, 1885), a piece of white wax is rolled between the fingers into a little ball the size of a marble. It is then cut in two, and one of the halves placed, with its convex side down, into the umbilical depression, and retained there by a strip of adhesive plaster. In an hour or two the little hemisphere becomes sufficiently softened to adhere to the skin, and thus answers as a truss, without any other support.

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**CHAPPED HANDS.**—At a recent meeting of the Philadelphia County Medical Society, Dr. Carl Seiler called attention to the value of tincture of benzoin in the treatment of chapped hands and frosted feet. He has used it in a number of cases with much success. It is applied by simply painting it on the skin. The stocking may be prevented from sticking to the feet by rubbing some oil over the benzoin.—*Polyclinic*.

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**THE Cleveland Medical Gazette** is the title of a new medical journal. It is gotten up in good style. Monthly; 48 pages; \$1 per annum. It is edited by Drs. A. R. Baker and S. W. Kelly, of the Cleveland Post-Graduate school. We wish our new contemporary ample prosperity and long life.

**TONGALINE.**—J. L. Grant, M.D., of Carrollton, Mo., states :  
 “Wishing to be of benefit to any poor sufferer with asthma, I will say my wife is subject to asthma and has been for years. She had a severe headache during one of her spells, and I gave her a dose of Tongaline, which relieved her of the asthma. I have tried Tongaline with her several times since when suffering, and in every instance the asthma was checked. I recommended it to Mr. Jos. Black, a young gentleman of our town, and he says it relieved him every time taken. I know you do not recommend it for asthma, but I can safely do so.”

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**OINTMENT FOR ECZEMA.**—M. Lucas-Championiere recommends the following formula for eczema and intertrigo, foul sweating feet, and the erythema of the buttocks of the new-born :

R. Acidi borici pulv.....6 grammes.  
 Vaseline.....10 “  
 Balsam of Peru.....0.50 “ M.

Sig. Incorporate the boric acid directly with the vaseline without previously dissolving it in alcohol or glycerine.—*L'Union Med.*

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**TANNIN AS A SPECIFIC CURE FOR CARBUNCLE.**—Tannin is claimed to be a specific for carbuncle. The dry powder should be sprinkled on as long as it will dissolve. Every day the carbuncle should be washed and re-sprinkled with tannin. It is said that under this treatment the carbuncle soon heals, and without pain.—*Cour. Rec.*

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**YOUNG PARENTS.**—W. H. Allen reports a case in which a girl thirteen years and six months old bore a nine pound baby, the father being a boy fourteen years old.—*Brit. Med. Jour.*

## *Editorial.*

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### ELEVENTH ANNUAL COMMENCEMENT OF THE MEDICAL AND DENTAL DEPARTMENTS OF THE UNIVERSITY OF TENNESSEE.

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The annual Commencement exercises of the Medical and Dental Departments of the University of Tennessee, were held in the Masonic Theater on the night of February 26, 1886. Every seat was occupied by the large assembly of friends of the institution, who had gathered to show their appreciation of the meritorious efforts of its energetic and talented faculty, and to honor its brilliant graduating class who had attained a recognized proficiency in their chosen profession. Every seat in the auditorium, except those in the parquet reserved for the graduates was occupied soon after the doors were opened, and many came who failed to gain an entrance on account of the crowded state of the hall, notwithstanding another attraction in the way of the first concert of the Nashville Musical Union was being held at the same time at the Opera House.

The stage-setting represented a beautiful garden in spring; costly and beautiful floral decorations, exotics and hot-house plants covered tables and stands, and hung on the walls. The stage was occupied by Hon. John L. Moses, of Knoxville, Tenn., President of the Board of Trustees, Prof. W. P. Jones, M.D., President of the Medical and Dental Faculties, Prof. Duncan Eve, M.D., the Dean of the Departments, the other members of the Faculty, the two Valedictorians, Geo. W. Myers, D.D.S., of Ky, and R. W. Freeman, M.D., of Texas, Rev. Charles E. Raymond, of the German Lutheran Church, and other gentlemen of scientific and high professional attainments, among whom was to be recognized Dr. A. J. Swaney, of Gallatin, and Dr. C. A. Crunk, of Shelbyville.

The music of the occasion was furnished by the celebrated Columbia Cornet Band, under the leadership of a young lady.

The meeting was called to order by Dr. W. P. Jones, and prayer was offered by Rev. Dr. Raymond.

The first feature of the programme was the valedictory to the dental graduates by George W. Myers, D.D.S., of Kentucky. The speaker presented a handsome appearance, and delivered his address in a graceful, easy, and business-like manner. He told how the dental profession had increased in respectability and prominence, until to-day it ranks as one of the most worthy and scientific of all the professions. In 1858 the first regular certificate of dental proficiency was issued. The speaker paid high tribute to his calling, and made an eloquent farewell address to professors and students.

Next was the eloquent valedictory of R. W. Freeman, M.D., of Texas, which we take pleasure in giving our readers in full. It needs no comment at our hand, showing in itself the evidences of a cultured and thoughtful mind. He delivered, in our opinion, one of the best valedictory addresses ever heard in the South, in a manner so eloquent, so graceful and charming, as to command encomiums from all. He, and his associate, received a number of handsome floral testimonials from friends in the audience. His address is as follows:

*"Ladies, Gentlemen, Esteemed Professors, and Students:*

How frequently do we hear, "*Tempus fuit*;" how seldom remember, "*Tempora fugit*;" yet nothing is less true than the convivial maxim, "*Dum vivimus vivamus*," for, paradoxical as it may appear, none of us really live while we live. Old age is engaged in retrospection of the past, youth in anticipation of the future. We are all dreamers.

Our life is a dream,  
Our life as a stream  
Glides swiftly away,  
And the fugitive moment  
Refuses to stay.

In walking through a gallery of fine arts, in sculptured marble and painted canvas we behold nothing but the dreams that filled the lives and became the real existence of those, who with brush, chisel and pencil, spake to succeeding ages, and registered deathless names in undying forms, upon the scroll of immortality; and mute marble, and silent canvas, are the eloquent historians that transmit their fame, speak their praise, and proclaim their achievements to all generations. "The mind can create substance and people planets of its own with beings brighter than have been, and give a breath to forms which can outlive all flesh."

Angelic hope, with artistic fingers, takes the golden treasures of memory and weaves them into the magic vision of our lives.

Plato dreamed of a republic; Bacon of a new Atlantis; Moore dreamed of Utopia; Byron's dream was a reality, and all else mere shadow. The sailor upon the high seas, in the silent watches of the night, forgets the swell of the ocean and the stars that look down upon him, while he dreams of home and loved ones around the fireside. The merchant dreams of debit and credit, of loss and profit. The lawyer dreams of briefs and clients, of principles established and questions adjudicated. The divine dreams of faith, hope and charity, bringing the world under sweet subjection to the will of the loving Nazarene, and of the soul of man flourishing "in immortal youth amid the war of elements, the wreck of matter and the crush of worlds."

"The dreams in their development have breath,  
And tears, and tortures, and the touch of joy;  
They leave a weight on all our waking thoughts,  
They take a weight from off our waking toils,  
They do divide our being; they become  
A portion of ourselves as of our time,  
And look like heralds of eternity;  
They pass like spirits of the past—they speak  
Like sybils of the future.

Philosophy in search of truth, and science in its pursuit of knowledge, look from earth to heaven and dream, and without dreams there is no invention nor discovery.

From Columbus to Franklin, from Franklin to Morse, from Fulton to Stephenson, the glowing imagination wove the weird threads of golden visions.

Think you the decorations, the lights, the music, and this splendid audience can confine the attention of any one to the present moment? No; all are dreaming, and these dreams are varied as a kaleidoscope, changeful as a panorama, beautiful as clouds upon which a sunset plays; some deep as the unsounded depths of the ocean, others light as gossamer and fleecy as snow. Even the young lady dreams of the conquests of bright eyes and smiling lips. The intellectual vacuum which we call a dude, with the adoring fondness of a Narcissus, contemplates his spider legged symmetry, while he increases his musical repertoire from "La-de-da" to "Sleeping, I Dream, Love." The brethren of Joseph exclaimed, "There comes the dreamer." They could not defeat it: A dream—an empire! The child of Corsica,

though swaying the sceptre over his largest dominion, realized but half his dream. Who shall say it was not inspired; or that great forces centered in a peculiar nature do not awaken dormant energies by visions suited to that capacity?

Of all the persons here assembled, none are more complete dreamers this moment, than the alumni in whose honor these ceremonies are instituted.

Memory lingers for a moment with the scenes of the past. It recalls a timid, diffident youth, who, two years ago, left the association and endearments of home, coming to a strange city, to study a difficult science. How cheerless and drear seemed the prospect—strange forms, strange faces, cold words and without a single tie! Books and a lone room, night and laborious thought, and exhausting study. The lecture-room, and no familiar acquaintances. How closely he regarded, how critically he scrutinized each professor; sought to discover the secret of his success, and every peculiarity that distinguished him. How he compared and contrasted the different members of the faculty. How he pondered the lessons they taught. Yet with all the aid they gave, and all the application he could bestow, the science seemed incomprehensible. Changes came upon him so gradually that he was scarcely conscious of them. Darkness grew to dawn, and confusion became order, friendship ripened apace, the people kind; the city at first cheerless, then tolerable, then attractive. Study at first irksome, then endurable, then pleasurable. With friends once more, and the pursuit of science delightful. Ambition had taken possession of every faculty, enlisted the affections and called into existence every energy. Yet he wondered whether he should pass that ordeal, that portal through which he must enter the ranks of his profession, if at all. Can he ever forget the trying moment when the faculty were assembled to determine by secret ballot whether he should graduate or be rejected—its suspense, its anxiety? With trembling hand he received the sealed envelope superscribed with his own name; and, though the class were all assembled, yet how carefully he broke the seal, and concealed the contents until he knew that it brought glad tidings. Then his face kindles with unwonted animation; his heart bounds with a great throb; tears spring to his eyes. He is dreaming of home. This night the living testimonial of that joy is given him. Proudly he will bear it home. Dearer will be each affectionate greeting, brighter each smile, sweeter and lovelier each face, tenderer and fonder each embrace; be-

cause he conveys the evidence of his toils and his triumph, his industry, and of his victory. And now, indeed, his dream is intensely with his profession, and every student's heart is busy with the future. He beholds a psychical being descending to earth, and by its vital force drawing around it all the elements of material nature, and moulding and fashioning them into a wondrous compound, and bodying them forth in a living form, appropriating, assimilating and eliminating, overcoming chemical affinities, modifying gravitation and giving new directions, relation and action to the atoms, which he draws from all these departments, thus becoming the nucleus of divergent elements—the center of dissimilar and contending forces. As a planet is held in its orbit by the centripetal and centrifugal forces, so is man's terrestrial life secured in the very contest waged between disintegration and preservation. The very earth, the air, the sunbeam, the murmuring brook, the esculent plant and fragrant bloom, and animal life itself—all as impatient usurers, call upon him for the pound of flesh, the uncanceled bond.

They enlist in their service the pestilence that rides upon the rolling billow, lingers in the silent harbor and stealthily enters the populous city; that comes with the summer's sun, that marshals its forces in tropical climates; that, starting where the east first welcomes the light, follows the track of the sun around the globe, flushing the victim with fever or making him pale with exhaustion. Or, mounting the winds of winter, stings the smooth surface with its deadly poison, and tortures the patient into mortal agony. In a word, the rage and wrath of all the battling hosts of disease and death, arrayed against the vital principle of man; and with a vigilance that never sleeps, and an industry that never ceases, by day and night, in the crowded metropolis, the village and hamlet, in the castle and cottage, on sea and land, they storm the citadels of the heart, the lungs, and the brain.

To repel such factors a trained and disciplined army is organized whose courage can never quail, whose munitions of war are the principles of science, whose weapons are the possession and application of skill, whose inspiration is philanthropy, and whose reward is the pleasing conscience of duty discharged.

We know that individual life is limited in its duration upon earth, and to delay its dissolution, and while existing, to relieve it from pain and suffering, is the province of medicine; and to this labor this night we dedicate our lives, our energies, our hopes, and whatever faculties



nature may have given us. This is our mission, and we embrace it with love, devotion and enthusiasm. In this profession each of us has our ideal, either given by history and the remembrance of some distinguished champion, whose white plume waved triumphantly over the plague-stricken city, or engaged hand to hand with some boastful giant, challenging the peaceful hosts of health; or else, from all the constituents of greatness thus furnished, forms a character which he wishes to emulate. But who amongst you, would not be content to reach the glory, and win the name and fame of certain lights whose lives illuminated the history of this institution, before their great souls passed from earth to heaven.

The peerless professor who started from the humblest walks of life, and gave to the literature of his profession new beauty and attraction; who made the lecture-hall musical with eloquence, and presided over the national councils of his profession with a dignity only equaled by accompanying grace and ease, and whose benevolent industry ceased alone with his long, brilliant and useful life.

Oh! who would not be happy, if he could achieve in medicine a fame expressed by the name of Wm. K. Bowling?

Or again, were the empire of surgery the chosen field for the occupation of his highest hopes and loftiest aspirations, could he ever forget that tall and commanding presence, that gentle, kind and loving heart, that ripe and scholarly intellect, that great and comprehensive genius which diffused the splendor of its glory in the universities of four States of the Union, which traversed the ocean as if it were a well-trodden path, extended the conquests of surgery, and made the Old and New World the theatre in which were enacted the deeds of his wondrous skill, that compelled, by international approval, the confession of his greatness; and which greatness found alone a parallel in his modesty, meekness and humility. So much so, that at the bedside of a patient, in whom the extremeness of poverty and pain met in reciprocal suffering, he resigned his great spirit to the God who gave it. Can the name of Paul F. Eve ever die? Do we need—can we ever find a nobler exemplar of the life and character of a true and faithful member of our profession? In contemplating the history of these illustrious men, may we not exclaim—

"Lives of great men all remind us,  
That we may make our own sublime,  
And departing leave behind us,  
Foot-prints on the sands of time."

With a province so clearly defined ; with a field so inviting ; with examples so inspiring ; with opportunities so ample ; with agencies so varied and numerous, is it wonderful that enchanting visions like rainbows should arch our paths, and that we should be eager to enter upon the duties, toils and responsibilities before us ? Therefore, animated by these dreams, influenced by these remembrances, inspired by these hopes, and directed and controlled by these aims, objects and inspirations, we speak to you this night an affectionate and grateful farewell."

After the delivering of Dr. Freeman's address, which was received with the most wrapt attention shown by any audience that ever occupied the hall, notwithstanding that its walls had reverberated, echoed and resounded to the tones of Edwin Forrest, Edmund Kean, McCullough, Jefferson, and other of the best readers of the English language, Hon. John L. Moses, President of the Board of Trustees of the University of Tennessee, proceeded to confer the degrees. He prefaced the conferring of the degrees by a very eloquent, scholarly and classical address, showing them that while mental attainments, such as endowed Francis, Lord Bacon, and raised him preëminent with the peers of England, were commendable and to be envied, yet even his lofty attainments by his great intellect and mental culture, could be dragged to the lowest depths of infamy, unless sustained by a persistent devotion to morality, truth and virtue. After enlisting the attention of the large audience for about twenty minutes with his masterly and able address, he proceeded in Latin to confer the degrees of M.D., and D.D.S., on the graduates of the session of 1885 and 1886, the class arising to their feet, and at its conclusion, advancing upon the stage as their names were called by the Dean of the college, and receiving their diplomas from the hands of the President of the Board of Trustees, and resumed their seats, when Prof. W. M. Vertrees, M.D., delivered the customary charge to the graduates. This charge is placed before our readers in full as the first original article of this issue, and we can but assure our readers that their time will not be spent in vain in its careful perusal. It glistens and glitters with gems of chrystalized thought, emanating from one of the most logical minds in the State, and while it touches the predominating fallacies of the day, presenting themselves under the charlatan guise of faith-cure, "*similia similibus curanter*," and such like quackery, it does so with the master touch of a Junius or the satire of a Swift. The names of the members of the graduating classes are as follows :

## MEDICAL DEPARTMENT.

Autrey, Adan Manuel .....	Mexico.	Lawrence, S. C. ....	Ky.
Baird, Thos. B. ....	Tenn.	Mason, Lewis S. ....	Fla.
Ball, Marion W. ....	Texas.	McDonald, Charlie M. ....	Ala.
Braswell, E. D. ....	Tenn.	McQuary, Henry J. ....	Texas.
Brewer, George W. ....	Miss.	Meredith, Marlen Martin. ....	W. Va.
Bynum, George W. ....	Ala.	Morton, H. Livingston. ....	Tenn.
Cochran, Thomas N. ....	Tenn.	Nance, Harden. ....	Texas.
Dawson, Louis T. ....	Ky.	Owens, Joseph M. ....	Ky.
DeLarus, Edwin. ....	Tenn.	Pitt, James T. ....	Ala.
DeLorier, Joseph B. ....	Tenn.	Pruitt, Sidney S. ....	Ky.
Drane, Jefferson Davis. ....	Miss.	Ramsey, F. L. ....	Texas.
Dunklin, F. H. ....	Ala.	Rosterbeck, Julius A. ....	Ga.
Dunn, James F. ....	Tenn.	Smart, John W. ....	Tenn.
Everett, E. Monroe. ....	Tenn.	Smith, B. E. Lee. ....	Tenn.
Ewing, N. M. ....	N. C.	Smoot, Alexander Luther. ....	Tenn.
Friend, J. Osborne Jr. ....	Tenn.	Terry, W. G. ....	Tenn.
Freeman, Rufus W. (Valedictorian). ....	Texas.	Tilley, Emile Laurent. ....	La.
Grisson, William B. ....	Ky.	Travel, Sam W. ....	Ky.
Harding, John N. ....	Georgia.	Tucker, Wm. B. ....	Tenn.
Hardy, James W. ....	Tenn.	Wallace, Robert Frank. ....	Tenn.
Heartall, O. M., M. D. ....	Texas.	White, Joseph A. ....	Ark.
Hopkins, Newton O. ....	Tenn.	White, Wilson T. ....	Ala.
Horner, S. Venoy. ....	Tenn.	Wilkins, Walter S. ....	Ark.
Irvine, A. Wyatt. ....	Texas.	Williams, Henry P. ....	Tenn.
Jenkins, Jesse H. ....	Texas.	Wilson, Samuel H. ....	Tenn.
Jones, Charles B. ....	Ala.	Womack, James P. ....	Tenn.
Jordan, W. D. ....	Mo.	York, Thomas Allen. ....	Tenn.
Kinkad, W. W., M. D. ....	Tenn.		
Kline, John Sylvester. ....	Mo.	Hayes, Aiden S. (Honorary). ....	Tenn.

## DENTAL DEPARTMENT.

Cottrell, J. S. ....	Tenn.	Nisbet, Leora G. ....	Miss.
Cunningham, E. T. ....	Tenn.	Palmer, A. W. ....	Tenn.
DeShields, C. L. ....	S. C.	Rudolph, Marshall L. ....	Tenn.
Harrel, Charley N. ....	Ga.	Spivey, J. C. ....	Miss.
Jordan, William S. ....	Ga.	Stuart, E. G. ....	Tex.
King, William D. ....	Ala.	Post, Duff (Honorary). ....	Fla.
Myers, George W. (Valedictorian). ....	Ky.		

At the conclusion of Prof. Vertrees' address the following named gentlemen were invited on the stage by the Dean, Prof. Duncan Eve, M.D., to receive the prizes awarded them:

## MEDICAL.

**FIRST PRIZE.**—Paul F. Eve, Faculty Medal for excellence in all branches, Gold Medal, to Robert Frank Wallace, Tenn.

**SECOND PRIZE.**—For next best standing in all branches, Gold Medal, to Adan Manuel Autrey, Mexico.

**THIRD PRIZE.**—For third best standing in all branches, Gold Medal, to Jefferson Davis Drane, Miss.

## DENTAL.

**FIRST PRIZE.**—Robert Russell, Faculty Medal, for excellence in all branches, Gold Medal, to E. G. Stuart, Texas.

**SECOND PRIZE.**—For next best standing in all branches, Gold Medal, to J. S. Cottrell, Tenn.

**THIRD PRIZE.**—For third best standing in all branches, Gold Medal, to C. L. DeShields, S. C.

**SPECIAL PRIZE**, offered by Morrison Bros., and awarded by the Faculty of the Dental Department, for Proficiency in Practical Dentistry, to Chas. M. Harrell, Ga.

The prizes were awarded by Prof. W. E. McCampbell, M.D., the youngest and handsomest member of the Faculty, in a most graceful and eloquent manner in these words:

*Gentlemen:* You are all aware of the fact that when this Faculty do any thing they mean something. You are also aware, and have been apprised of their Faculty action, as found recorded in their minutes, and which have been read to you for your information. The language of this transcript which I will now read, is as follows:

*Resolved*, by the Faculty of the Medical and Dental Departments of the University of Tennessee, that no special prizes, medals or decorations, shall be given by any individual member of this Faculty, or attache of this college, for special attainments or preferments, but that the Faculty will award in the two Departments, Gold Medals for proficiency, to be known as the first, second and third Honors in each Department, to be awarded by the Faculty in convention assembled, to those students who stand first, second and third best in each Department.

And now gentlemen, among all the graduates of this session who have distinguished themselves by their talent, industry and application, you have achieved the highest honors; and while the Faculty bestows them, it does so only as an evidence of the fact that you deserve them.

Yours has been no easy victory, for it has been not only an interstate but an international contest. You have found competitors in representatives of States and nations. Yours is a charming victory; secured by toil, patience and perseverance. It was a peaceful, bloodless victory. The means employed were the faculties of the mind. The conquest attained was by excellence in one of the noblest pursuits of life. The adversaries were intimate friends, animated by a love of truth, endowed with intellect, and refined by culture. The generous rivalry which inspired you in this contest we know will not be content

to rest idly upon the laurels already won, but will act only as an imperious incentive to greater, more industrious and far more determined efforts hereafter. If such should not be the case, then those whom you have excelled will be the victors of the future.

We confidently trust that the energy and application which has characterized your collegiate years and at their close secured for you a realization of the brightest anticipations, will not diminish when you cease to frequent the halls of your *Alma Mater*.

Our congratulations therefore embrace not only the present, but extend to the expectations you inspire in relation to the future. I now tender you these honors. You have won them well. See to it that you wear them well.

At the conclusion of Prof. McCampbell's address, quite a number of floral tokens were given by the Dean to various members of the class. These beautiful flowers had been brought there by lady friends of the happy recipients. Among the most notable, beautiful and tasteful were those received by Dr. Ed. DeLarue, of Tennessee.

The President of the Faculty then announced that the audience would be dismissed with the customary benediction, after which the graduates, the alumni, present, and the specially invited guests, would repair to the restaurant of Newman & Houston, just across the street, and there would be extended the Faculty's congratulations to the graduates, as was and is the custom of the University of Edinburgh, from whose classic halls the University of Tennessee had received an honored and most honorable President and Professor.

#### THE BANQUET.

The banquet was a grand success. This is one of the features of the annual Commencements. The Faculty do not spare money to secure an elegant affair, and last night the spread was the finest ever served on a similar occasion in this city. The menu was elaborate and served in the banquet hall over Newman & Houston's, who were the caterers. Gen. W. G. Brien presided as master of ceremonies. The happiest incident of the evening was the presentation to Dr. Dunnean Eve by Mr. J. W. Owens, of Kentucky, in behalf of the graduating class of a very handsome gold-headed cane. Dr. Eve, who is evidently a great favorite with the boys, responded eloquently.

The toasts and respondents were :

Medical Department and Medical Class of 1885-6—W. G. Terry, Tennessee.

The Dental Department of the University of Tennessee—T. J. Nesbitt, Mississippi.

Wit in the Medical Faculty—Dr. Vertrees.

Woman, Thou Art a Jewel—Dr. Haggard.

Medical Journalism—Dr. Deering J. Roberts.

Those Who Leave Us—J. H. Horton, Esq.

The Press, Our Friends—G. H. Armistead, Esq.

Let Us Live—Dr. J. B. Stephens.

Dentistry—Dr. Crawford.

Anatomy—Dr. Paul F. Eve.

Farewell—W. F. Crunk, Tennessee.

With the interchange of friendliest greetings, Faculty, students and friends parted.

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### THE FUEL OF THE FUTURE.

In this age of æstheticism we are not surprised that the many fanciful designs and devices that have driven, or are rapidly driving out of existence the old-fashioned open wood fire-place—around which yet cling as many agreeable reminiscences and recollections as around “the old oaken bucket” with moss-covered sides, in their turn will be supplanted, and they also will be relegated to oblivion. From the *Scientific American* of February 27th ult. we make the following clipping:

“The house of the near future, the *Boston Journal of Commerce* thinks, will have no fire-place, steam pipes, chimneys, or flues. Wood, coal oil, and other forms of fuel, are about to disappear altogether in places having factories. Gas has become so cheap that already it is supplanting fuels. A single jet fairly heats a small room in cold weather. A New York artist has produced a simple design for heating entirely by gas at a mere nominal expense. It is a well known fact that gas throws off no smoke, soot, or dirt. The artist filled a brazier with chunks of colored glass, and placed several jets beneath. The glass soon became heated sufficiently to thoroughly warm a room 10x30 feet in size. This design does away with the necessity for chimneys, since there is no smoke; the ventilation may be had at the window. The heat may be raised or lowered by simply regulating the flow of gas. The colored glass gives all the appearance of fire: there are black pieces to represent coal, red chunks for flames, yellowish white glass

for white heat, blue glass for blue flames, and hues for all the remaining colors of the spectrum. Invention already is displacing the present fuels for furnaces and cooking ranges, and glass doing away with delay and such disagreeable objects as ashes, kindling wood, etc."

Our city papers for the past week have made frequent mention of a projected enterprise to supply natural gas for heating and other purposes. This subject is attracting the attention of some of our ablest and most progressive business men.

Our very valued contemporary, the *Scientific American*, which, by the way, is one of the most excellent publications ever issued on this continent, in the number above cited, has a very excellent leading article, thoroughly and lucidly illustrated, from which we make this additional extract:

"It has only been within the past few years that natural gas has been utilized to any extent, in either Pennsylvania or New York. Yet its existence has been known since the early part of the century. As far back as 1821, gas was struck in Fredonia, Chautauqua county, N. Y., and was used to illuminate the village inn when Lafayette passed through the place some three years later. Not a single oil well of the many that have been sunk in Pennsylvania has been entirely devoid of gas, but even this frequent contact with what now seems destined to be the fuel of the future bore no fruit of any importance until within the past two or three years.

"It had been used in comparatively small quantities previous to the fall of 1884, but it was not until that time that the fuel gave any indication of the important rôle it was afterward to fill. At first ignored, then experimented with, natural gas has been finally so widely adopted that to-day, in the single city of Pittsburg, it displaces daily 10,000 tons of coal. The change from the solid to the gaseous fuel has been made so rapidly, and has effected such marked results in both the processes of manufacture and the product, that it is no exaggeration to say that the eyes of the entire industrial world are turned with envious admiration upon the city and neighborhood blessed with so unique and valuable a fuel.

"Where the gas comes from, and how long it is going to last—and where it is going to, we might add, now that the scheme of piping it to distant cities is under consideration—are questions which involve so many elements for discussion that we do not propose to take them up at present. The manner of distributing and utilizing the gas, and the

industrial revolution its introduction has effected, are more than sufficient to occupy our space."

Whether the natural supply will stand the demands made upon it, is a very interesting question. In the event it does not, we have every confidence in the ability of science to develop some means of manufacturing it from its many sources, when the necessity arises. No one even questions the possibility of the universal supply of water or air being exhausted, yet in their chemical composition are quite as many units of heat as will ever be needed; the only question is how to separate them and get them in a suitable form for combustion. As with these compound bodies, once considered elemental, so also with many others that compose a part of this mundane sphere.

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THE Tennessee State Medical Society will hold its fifty-third annual meeting in Memphis on Tuesday, April 6th, prox., *et seq.* The able Committee of Arrangements, headed by their talented, handsome and energetic Chairman, Prof. Dudley Saunders, M.D., will leave nothing undone to secure a most successful meeting. The noted hospitality of the Bluff City, the satisfactory results of preceding meetings, both in a scientific and social point of view, should secure a full attendance. We desire to call the attention of our readers who may be interested therein to the benefits of doing their part towards contributing to the common fund of entertainment, and urge them to get their papers ready without further delay. Don't be backward, gentlemen. We can safely venture the assertion, that there is not a single member of the Society but who can furnish something that will interest the other members who may attend.

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TRYPSIN, FAIRCHILD'S, is now offered as a solvent for diphtheritic membrane. The well-known properties of this principle of the pancreatic juice give the strongest grounds for anticipating success in its application for this important purpose. Trypsin acts quickly and powerfully upon fibrin and fibrinous membrane. It is not dependent upon the interaction of acid, as is the case with pepsin. It is most active in a slightly alkaline media. It may be applied by spray or brush. In practical use the results have been very encouraging.

Messrs. Fairchild Bros. & Foster wish to respectfully announce, that



owing to the great cost of this product and their inability to more than keep pace with the actual demand, they cannot offer samples. It may be obtained of the principal drug houses in this country, and is dispensed in  $\frac{1}{4}$ ,  $\frac{1}{2}$ , and 1 oz. bottles with full directions. Correspondence will receive prompt attention.

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DR. J. B. JONES, of McKenzie, has been appointed by the Commissioners as the Medical Superintendent to supervise the construction of the West Tennessee Hospital for the Insane, which will be built in Hardeman county, near Bolivar. We heartily congratulate our friends in that portion of the State on so excellent an appointment. And while some of the personal friends of other gentlemen who had been mentioned in connection with the position—gentlemen in every way competent—may be disappointed, we know that the Commissioners gave a more thorough consideration to what would benefit those for whom the hospital was to be erected, than the personal claims of any particular individual. A good appointment in every way, and one out of which good will come.

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THE *Weekly Medical Review*, of Chicago and St. Louis, it is announced, has passed into the editorial control of an association consisting of Dr. Adolf Alt, Dr. W. L. Barrett, Dr. H. Hodgen, Dr. C. H. Hughes, Dr. R. M. King, Dr. I. N. Love, Dr. W. S. Moore, Dr. H. H. Mudd, Dr. W. Porter, Dr. W. J. Primm, and Mr. G. Walker, each of whom will take charge of a special department, Dr. Robert Luedeking being continued chief editor. The separate department of obstetrics and gynæcology will be discontinued. The *Review* has always been well conducted, and we congratulate the editor on having secured such able collaborators to aid in maintaining the high standard of excellence of one of our most valued exchanges.

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THE Association of American Medical Editors will hold its next meeting in St. Louis, Mo., on Monday evening preceding the opening of the next session of the American Medical Association. It has been suggested that this meeting should be made a purely social affair. So mote it be. It has always impressed us that it needed something to liven it up a little.

WE have received a very handsome catalogue of 150 pages, illustrated, from Messrs. James W. Queen & Co., 924 Chestnut Street, Philadelphia, giving a very full description of the many standard and important ophthalmological instruments, spectacles, eye-glasses, etc., made, imported and sold by them. Those interested would do well to send to them for a copy.

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"OH! dear, what can the matter be?" There "*Sims*" to be a fuss in the once happy family comprising in its membership the *Mississippi Valley Medical Monthly* and the *Hospital College of Medicine*. To our vision the first "Sin" is not "Clair," but we hope that they "Willett" oil "Fahlen" on the troubled waters, and that peace may again prevail.

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THE Health Officer of New York City has what in popular terms might be called a "snap." His remuneration comes in the shape of fees, and it is estimated that his income is from \$50,000 to \$75,000 a year. Who wouldn't be a health officer?

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ONE swallow does not make a summer. Of the six children bitten by the rabid dog at Newark, the four who were taken to Paris and treated by Prof. Pasteur, are reported as successful cures, and have returned to their homes. The two who were not so treated also still live and are doing well—"the dog it was that died."

---

HAPPY will be the surgeon who has no operating case, and knows how to cure his patient without it. I hope some day, thanks to progress, that surgery may cease to shed blood and to cause tears to flow.—*Verneuil*.

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THE SUPPORT OF QUACKERY.—"Charlatanism," says Dr. Holmes, "always hobbles on two crutches—the tattle of women and the certificates of clergymen."

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## *Original Communications.*

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### A CASE OF OVARIOTOMY.

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BY

J. B. W. NOWLIN, M.D., OF NASHVILLE, TENN.

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Mrs. M. M., æt. 29 years, was born in Butler county, Ohio, in 1857. Her history is, that she was a large, well formed and healthy child, and that she first menstruated at the rather phenomenal age of 12 years, since which time the function has always occurred healthy and regular.

She was married in January, 1879, at the age of 21 years. Her first child was a male, born at full term, in January, 1880, one year after marriage. The delivery was natural, but she did not have a speedy recovery, suffering severely when sitting or standing, with prolapsus uteri. When her first child was fifteen months old she had the misfortune to abort a foetus at three months of term. In the spring of the year 1883, she had another miscarriage at four months of term. She relates that she suffered severely from prolapsus after this accident, the womb often coming down so that standing on her feet became impracticable. Her womb became almost entirely procident soon after her last

miscarriage, and remained in that condition whenever she assumed the standing position. She states that her womb was very much enlarged and painful. She subjected herself to the treatment of several physicians, but received little benefit.

She came under my treatment for this condition in June, 1884. I found the womb fearfully engorged, exceedingly painful to the touch, tactus conveying the sensation more of a rough skin than that of a smooth mucous membrane. I found her nervous system almost a complete wreck, and her general health greatly impaired. I immediately placed her upon a tonic course of treatment; ordered her bowels kept in a soluble condition; interdicted such food as would leave much solid dejecta after digestion. I also used Iod. potass. and f. ext. ergot. My main reliance in her treatment, however, consisted in maintaining complete rest in the recumbent position, with the hips elevated as much as was consistent with personal comfort; and the depletion of the enlarged and inflamed organ. To carry out this latter view, I resorted to frequent scarifications, after swabbing the organ with Monsel's solution of the persulph. of iron, and glycerine. Frequent injections of mineral and vegetable astringents, combined with anodynes, were maintained. Pessaries of any kind were never used, but when the engorgement had sufficiently subsided as to permit of the replacement of the womb in its proper position, I retained it in *situ* by tampons of borated cotton, saturated with glycerine. By this course of treatment I had the pleasure of dismissing my case entirely cured, and menstruating regularly, in November, 1884.

Pregnancy again took place in December, 1884, and a fine, healthy female child was born to her Sept. 25, 1885. I was engaged to attend her in her accouchment, but owing to a rapid labor no physician was summoned, and she was compelled to avail herself of the services of a handy midwife. The labor was without any unusual event, save its rapid character, and the placenta was normally delivered.

I was called to visit her on the twelfth day after her delivery, to determine the cause of a persistent enlargement of the abdomen, which her mother described as "having failed to go down

since delivery, and was almost as large as before confinement." Complete delivery of the placenta and secundines had been accomplished, and in the absence of any unusual fever having accompanied her post partum state, and her bowels being regular, I more than suspected the existence of an ovarian tumor, the development of which had occurred during her pregnant condition. Her lochial discharge was pretty free, and the idea of any exploratory manipulations, save that by palpation, were abandoned until after her recovery from her confinement. She was placed upon such treatment as her condition seemed to require.

The case was one of great interest to me after this partial diagnosis, from the fact that there existed no symptom of ovarian tumor from the time I first saw her, during her treatment for procidentia, until I now saw her, twelve days after delivery. Therefore, I inferred if such condition really existed, it must have occurred subsequent to her last impregnation, and that the tumor had rapidly developed under the hyperæmic condition of that state.

On the 26th day of October, I called my friend, Dr. Deering J. Roberts (she having recovered from her puerperal state), in consultation with me, with a view of making as thorough an exploratory examination to determine her true condition as possible, and to assist me in performing paracentesis abdominis, the tumor having rapidly increased in size. The operation was performed, and  $3\frac{1}{2}$  gallons of fluid were drawn off. From the examination made of the case, Dr. Roberts, as well as myself, were satisfied that it was ovarian tumor, and that the cyst was unilocular.

I heard nothing more of the case until the 12th of January, 1886, when I was called upon at my office by the husband and lady, as the tumor seemed to be filling up again, and to give my advice as to what was the best course to pursue in the future management of the case; and on the 16th of January, accompanied by Dr. Roberts, I again visited her. We made exploration of the case, were confirmed in our previous diagnosis, and determined that the best thing that could be done was to operate for the removal of the tumor, as speedily as the patient could be

got in suitable condition, and her catamenia appeared. This occurred on the 9th of February and lasted until the 15th. I visited her on the 16th, and decided to operate on the 20th; saw that her bowels were kept in good condition, and directed that she take no solid food from noon on the 18th, but take exclusively a milk diet and beef-tea. Moved her bowels thoroughly with castor-oil and enema on the 19th, and at 10 o'clock A.M. on the 20th, found her cheerful and prepared for the operation.

The day selected for the operation proved most propitious, being clear, and temperature moderate for the season. Her surroundings were also favorable. The residence was new, also the carpets and much of the furniture. The locality was in the suburbs of the city, free from the contamination of bad air, and all the hygienic surroundings, were of the most favorable character. Owing to these facts listerism was not practiced. All unnecessary furniture was removed from the room. The patient was given ten grains of quinine to mitigate surgical shock, immediately before operation. At 10:30 A.M., her bowels and bladder being thoroughly emptied, assisted by Drs. D. J. Roberts, Duncan, Eve and W. E. McCampbell, I proceeded to remove the left ovary. The patient was ætherized by Dr. McCampbell; slight vomiting occurred before anæsthesia was produced. The incision in the median line reached from an inch and a half below the umbilicus to within two inches of the pubis, exposing the tumor, which proved to be unilocular. I now removed by the trocar 17½ pounds of thick viscid fluid. There were no attachments of the tumor whatever, and the pedicle was flat, measuring two inches in breadth. I now proceeded to remove the tumor, using scissors and scalpel, having previously tied the pedicle with a Staffordshire knot, made with a saddler's silk ligature. The pedicle had been surrounded with a soft sponge, saturated with a two per cent. sol. of bichlor. hydrarg. to catch any oozing blood from the stump. I should have mentioned that all instruments used in the operation had been treated with the same solution. The tumor after removal weighed four pounds. Having waited a sufficient time for all oozing to cease, the external wound was closed by seven silk sutures and adhesive strips. The wound

was entirely closed, as I was satisfied no drainage would be necessary. The ligature had been cut close to the pedicle. The patient having recovered from the anæsthesia, I gave her a hypodermic injection of morphia one-half gr., atropine one-hundredth gr., after which she slept quietly two hours. The fluid and solid contents of the tumor aggregated  $21\frac{1}{2}$  pounds.

Saw her at 7 o'clock P.M.; pulse 90. Some nausea and vomiting had occurred. Temperature normal. Used catheter and drew off twelve ounces urine, much to her relief. Repeated the hypodermic injection of morphia and atropine. The following is the future clinical record of the case:

Feb. 21, 9 A.M.—Pulse 100; temperature normal. Still sickness of stomach, not able to retain anything. Gave crushed ice *ad lib.* Used catheter and drew off eight ounces of urine.

Six P.M.—Still sick and vomiting. Pulse 120; temperature 101. Drew off ten ounces of urine. Has taken no nourishment. Ordered champagne and crushed ice during night. Repeated hypodermic injection.

Feb. 22, 8 o'clock A.M.—Temperature 99; circulation 94. Had taken champagne during night, which quieted stomach. Has not vomited since commencing use of champagne and ice. Drew off twelve ounces of urine. Ordered the continuance of champagne, ice and milk.

Ten thirty o'clock P.M.—Visited her with Dr. Roberts. Temperature 101; circulation 130. Skin dry. Drew off six ounces of urine. Gave milk and 20 grs. quinine, as enema every four hours. Repeated hypodermic injection of morphia and atropine.

Feb. 23, 9 o'clock A.M.—Saw patient with Dr. Roberts. Has slept about five hours. Vomited twice since 4 o'clock A.M. Has taken no nourishment by the mouth. Gave her a little warm elm-water with one-half teaspoonful of whiskey. Drew off five ounces of urine. Temperature 99; circulation 100. Gave enema of ext. beef, milk, and quinine grs. 10, every four hours.

Feb. 24, 10 o'clock A.M.—Drew off five ounces of urine. No vomiting since 8 P.M. on the 23d. Temperature  $99\frac{1}{2}$ ; circulation 86. Drew off four ounces of urine. Complains of being very hungry.



Feb. 25, 9 o'clock A.M.—Rested well all night, without morphia. Circulation 96 ; temperature  $99\frac{1}{2}$ . Drew off six ounces of healthy urine. Took for nourishment a soft boiled egg and a small amount of tea for breakfast. Ordered no medicine and patient to be kept entirely quiet during day.

Five o'clock P.M.—Has rested well through day. Temperature  $99\frac{1}{2}$ ; circulation 94. Drew off five ounces of urine. Removed all sutures. Wound entirely closed by first intention. Has taken a small amount of nourishment. No opiate since evening of the 23d.

Feb. 26, 9 o'clock A.M.—Had good night's rest. Temperature normal ; circulation 82. Took cup of tea and soft boiled egg, and small amount of milk toast for breakfast. Slight appearance of catamenia.

Five o'clock P.M.—Rested quiet all day. Ordered an enema of soap-suds, as she expressed a desire to have an evacuation from bowels. Temperature  $99\frac{1}{2}$ ; circulation 86. Has had no further sickness of stomach.

Feb. 27, 9 o'clock A.M.—Rested well all night. Voided urine at 12 M. without trouble. Temperature  $98\frac{1}{2}$ ; circulation 80. Took fresh broiled fish, cup of coffee and soft toast for breakfast. Ordered 'soap-suds, castor-oil and turpentine enema, as bowels had not moved.

Five o'clock P.M.—Bowels moved well without pain at noon. She also passed water without inconvenience. Took quail on toast, and cup of tea for dinner. Temperature normal; circulation 75. Says she feels entirely well.

Feb. 28, 9 A.M.—Rested well all night. Took fresh fish, tea and toast for breakfast. Says she feels able to be up. Temperature and circulation normal.

March 1, 9 o'clock A.M.—Says she is entirely comfortable. Rested well during night, ate a hearty breakfast, and says she feels able to be up.

Five o'clock P.M.—Has rested well during the day. Bowels moved and kidneys acting well.

March 2, 9 o'clock A.M.—Has rested well all night. Appetite good ; bowels and kidneys acting well.

Five o'clock P.M.—Rested well all day ; all doing well.

March 3, 9 o'clock A.M.—Rested well all night and day ; is doing well every way.

Six o'clock P.M.—Condition unchanged.

March 4, 9 o'clock A.M.—Rested well. Wound entirely healed and doing well.

March 5, 9 o'clock A.M.—Rested well all night and doing well in every respect.

Six o'clock P.M.—Eating and resting well. Bowels and kidneys in good condition.

March 6, 9 o'clock A.M.—Doing well in every respect.

Five o'clock P.M.—All well.

March 7, 9 A.M.—Doing well in every particular. Adjusted an abdominal supporter and allowed her to sit up in bed. She says she feels perfectly well.

March 15.—Saw patient this morning. She was up. Says she never felt better in her life. I consider her well.

To my professional friends, Drs. Roberts, Eve and McCampbell, who so kindly assisted me by their counsels and aided me by their surgical skill in the conduct of this case, I cannot express too strongly my gratitude.

There are two points of interest in this case which I wish to emphasize.

1. Procidentia uteri occurring without a previous rupture of the perineum, a doctrine taught by so many of our authors and teachers. In this case the procidentia was almost complete, the womb almost entirely escaping through the labia majora. Careful examination detected no cicatrix indicating a previous rupture of the perineum. I am fortified in this opinion by an examination of many previous cases of procidentia occurring in my practice, and that of my professional friends, of which I have been cognizant. I can very readily understand how a womb can almost entirely escape from the vaginal canal, under the condition of extreme congestion, and preternatural relaxation of the ligaments and vaginal walls. A long meatus diminishing the antero-posterior diameter of the perineum would thus furnish a more direct descent to the engorged organ.

2. I believe I cannot too fully impress upon my professional brethren, the importance of an early diagnosis and operation, in cases of ovariectomy. I have but little confidence in the so-called theory of waiting to establish tolerance of the peritoneal membrane. I believe that any such advantage secured would be more than over-balanced by the nervous prostration induced, incident to the prolonged carrying of a large tumor.

In the next place, the prolonged existence of an ovarian tumor necessitates many operations of paracentesis abdominis, besides the danger of setting up peritonitis. These frequent tapplings will almost surely give rise to adhesions with contiguous surfaces, thus seriously complicating the case.

Another very strong reason for an early operation, is the danger that cysts may rupture during the progress of the growth of the tumor, entailing the great danger of peritonitis, and complicating the operation of ovariectomy, which is then imperative and must be hastily performed.

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## CLINICAL LECTURE.

BY

DR. ROBERTS BARTHOLOW, OF PHILADELPHIA,

*Delivered at the Hospital of the Jefferson Medical College.*

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[Reported Especially for the Southern Practitioner.]

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### HERPES.

Here we have two cases of this disease, the diagnosis of which I will not discuss, as what I more especially wish is to call your attention to the treatment. This must be both local and constitutional. As an internal remedy, I believe that arsenic stands preëminently ahead of any other; from it we derive the most obvious results. Of course, in those cases where heredity plays an important part, the effect will be less marked, but in these cases there seems to be no history of heredity. While we will

derive good results from arsenic, yet I must again urge upon you, as I have done so often before, the great importance of attending to the diet. Without regulating the diet, caring for the digestive organs, and improving nutrition, our drugs will do but little. We must therefore use cod liver oil and the syrup of the hypophosphites. We will derive much satisfaction in many cases from the use of the lactophosphate of lime and Fowler's solution. When using arsenic I prefer to commence with large doses and gradually diminish them, for in this way I believe we run the least risk of arsenical poisoning. Of local applications, I prefer to use a five per cent. solution of pyrogallic acid; it does not stain the clothing, as will the glyceroles. Before making this application, the surface must be prepared. Poultices should be applied and all scabs removed. You should always warn your patients about the staining, for while pyrogallic acid, as I have said, will not stain as much as the glyceroles, yet it will stain to some extent. I have derived good results from acetate of copper, which is a most excellent application in ring-worm. I have known the household remedy of dipping a copper cent into vinegar and using the solution to succeed when more scientific means have failed..

#### ACNE.

No trouble has more exhausted the art of therapeutics than acne; of all affections, it is probably the most obstinate. In this case its characters are so evident that I will not discuss the diagnosis, but will pass at once to the treatment, which, after all, is the knotty problem that confronts us as practitioners. We must start out with the broad proposition that all cases of acne are associated with reflex influences; they are most frequently due to disorders of the sexual or digestive systems. There is a notion very prevalent among those outside of the profession that acne is an evidence of masturbation, and the two have come to be regarded in the light of cause and effect. The disease, frequently commencing about puberty, is a source of mortification, on account of this supposed association, hence it is our duty to correct this erroneous impression. It is true that while this habit will

not cause it, it may have some influence in aggravating it when it is already established.

I find that it is more often reflex from gastro-intestinal disorders, and it is not hard to find a reason for this. The pneumogastric nerve terminates in the stomach and intestines, and the fifth nerve is distributed to the face; these two nerves have their points of origin very close together, if they are not indeed united by fibres. In connection with this fact we know that operations on the face, when chloroform is given, are particularly dangerous, owing to the reflex action on the heart through this connection. Now, then, when there is some gastro-intestinal disorder, the irritation is reflected from the mucous membrane through the pneumogastric nerve to its origin, and from there back through the fifth nerve to the face. Now, when we find the disease due to some digestive disorder, we must pay great attention to diet, and by this alone we will cure many cases. There will be some cases where vegetables cannot be used, more where fats are the offending article, or starch or sugar. In nearly all cases fats must be excluded from the dietary, and if there be acid indigestion, starch and sugar must be left out. In some cases meat cannot be properly digested, and must be avoided; each case must be studied separately to learn the special diet indicated. We will be much aided in this study by examination of the urine; if we find an excess of uric acid or urates, or phosphates or oxalates, we know what is indicated. The bowels must be regulated and while it will not do to purge, yet we should keep the bowels soluble, which we can do very well, particularly as this patient is anemic by the use of—

R	Magnesii sulph .....	3i.
	Ferri sulph.....	ʒi.
	Acid sulph. dil.....	3i-iv.
	Aquæ.....	3iv. ms.

S. 3i.—3ss. before breakfast in half a tumbler of cold water. A small dose will act in three or four hours, but it is important that it should be taken a little time before breakfast, so that it may be taken up out of the stomach before the food is ingested. The phosphates, or phosphorus itself, in the form of the oil, will

often do good. Arsenic is sometimes of use, but I rely much more upon the compound syrup of the lacto-phosphates and their prolonged administration. Local remedies will do but little good, though I have occasionally seen some good results from the use of iodide of lead ointment, or you may use the ointment of yellow oxide of mercury. It is important before any application is made that the face be washed with hot water, as hot as can be borne. Soaps are dangerous, because many of the imitation French scented soaps made in this country are made from unhealthy fats, the bad odor of which is covered by the scent. After the face is well washed by hot water, if the acne is large and slow in development, we may pencil over the suppurating points with liquor potassæ; this dissolves out the oily matter and allows the follicle to discharge its sebaceous contents, which being imprisoned, undergo fermentation by the absorption of germs from the atmosphere. After this we may dust the face with common sulphur. Some prefer using sulphur in rosewater, suspended by glycerine, but I prefer the ordinary sulphur, which had better be used at night, because it discolours the skin, and in the morning it can be washed off.

#### REFLEX HYSTERIA.

Here is a girl who looks well; she is rotund and rosy, there is no emaciation and she has not the aspect of suffering, yet she is the victim of an important malady. At the time of the first menstrual flow she had what we would call an *absence*. There was a loss of consciousness, but without any convulsive manifestations. Since that time she has had several more attacks, at long intervals. Her menses, she tells us, are regular but scanty, and she is gaining greatly in body weight, a condition not infrequently associated with scanty menses. The attacks are becoming more frequent, and latterly it is thought that during them there is some slight convulsive twitching of the eyelids. She tells us that before the attacks she has a rumbling in the epigastrium, and a sensation as of something passing up the throat from the stomach, and when it reaches mid-sternum she faints away. The mother says that during the attacks her face is flushed; it may be pallid before them. There is here evidently stomachal

disorder. During the intervals between the attacks she regurgitates her food and has eructations of gas, a form of indigestion quite common among those who are abnormally "putting on flesh." Growing stout in this way is not physiological, it is pathological; the food ingested produces an excess of fat because it is not properly prepared for natural assimilation. This girl has not yet reached the age when she ought to grow stout. She is far from "fair, fat, and forty." She is still in her "teens." Is it hysteria or hystero-epilepsy or genuine epilepsy? For some reasons (I have not seen her in an attack) I am inclined to think that it is an hysterical disorder, for she cries and sobs when she recovers from an attack, and they only occur at or near the menstrual epoch. It may be that she is only partly unconscious, and the eyelids twitch in hysteria, but I am inclined to believe that it is a case of hysteria, secondary to intestinal and stomachal disorders. She is constipated, so we will give her the officinal pill of aloes and assafoetida, one or two every night, according to the results. It might be better, in some cases, to give one thrice daily. We find them now in the stores, sugar-coated, and they are not at all unpleasant to take. They produce excellent results in constipation with hysteria, or in flatulent indigestion. Again, we must endeavor to stop this excessive formation of fat, to do which we must exclude fat from the diet, leave out butter, fried articles, pastry, white and sweet potatoes, peas and beans, and restrict the quantity of bread. We will also aim to increase the menstrual discharge, for which we will give her compressed pills of permanganate of potash, one thrice daily for one week before each period. Some stomachs will not tolerate this drug, when we can use a pill of the *dry* sulphate of manganese (gr. ii.), arseniate of iron (gr.  $\frac{1}{2}$ ), and nux vomica (gr.  $\frac{1}{4}$ ); this will have a beneficial action on the ovaries, intestines and liver. The *dry* sulphate must be used, because you cannot make a pill with that which contains the water of crystallization. We will do nothing special for the attacks themselves, but rather act on the cause of them, remove the cause and we cure the attacks. It is a bad habit to get into to simply prescribe for a malady without looking beyond for a cause and directing our chief efforts towards its removal.

## CURIOUS MALARIA.

Here is a case with some very peculiar phenomena; every afternoon at 3 or 4 o'clock this young man has a "*seizure*," a nervous feeling, he is a little shaky and has an indescribable feeling of unrest and apprehension; this passes off, and that is the end of the trouble. He is a clerk, who leads a sedentary life. These attacks are distinctly periodical, and he lives in lower Camden, a very marshy and malarious locality. A high authority in this city has told him that he has an affection of the head, therefore the case offers a complexity, since a noted authority has given this opinion. His intellection is not affected; his special senses are all good; there is no disorder of sensation or motion; no headache of any moment. Has he then some affection of the head—is it epileptiform? I am inclined to think that the attacks are malarial. To test this point I will give him huge doses of quinine. All anomalous forms of malaria require larger doses of quinine than do the ordinary forms; this I would formulate as a fixed idea. I will therefore order him twenty grains of quinine at 10 o'clock, on the first day, fifteen on the second, and ten on the third, when he will again report, that we may note the result. If no impression has been made, we must look further.

## GASTRIC ULCER.

This man tells us that he vomits blood with his food; sometimes it is red, sometimes partly black. He has also passed blood in his stools. He is anemic, and has that countenance commonly seen in cases of suppuration or chronic disorder of the blood-making organs. He has pain in the epigastrium, extending through to the back. There is something characteristic about the way in which a patient indicates the pain to you. When he points two fingers to the stomach as locating the pain, which he tells you shoots through to the back, you can be quite sure that it is due to gastric ulcer. Disease of the liver will sometimes cause these ulcers in a peculiar way. If the circulation in the liver be impeded it may cause thrombosis of a vein of the stomach, when this part, being deprived of its nutrition, losing its alka-



line layer, is acted upon and digested by the gastric juice, thus causing a solution of continuity. Proper feeding is the great element of cure. Dr. Foster, of England, first proposed to treat these cases by feeding by the rectum, thus insuring absolute rest to the stomach, and he has had very good results from this method. As a rule, gastric ulcers tend to get well of themselves, but now and then we will have a severe and obstinate case, when rectal feeding must be considered. When this is not feasible, the diet should be restricted to skimmed milk. Fowler's solution, one or two drops thrice daily, will do good, as will also oxide of silver, one or two grains. It will rarely be necessary to do more than regulate the diet and give Fowler's solution. If the liver be deranged, it must be attended to.

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### COCAINE IN GONORRHOEAL ORCHITIS.

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BY

W. C. MAXEY, M.D., OF MARCUS, IOWA.

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On Dec. 4th I was called to B. F., aged 28, of full habit. On examination, found acute orchitis of left testicle, with a gonorrhoeal discharge from urethra; the testicle much swollen, hard and painful, with darting pains up spermatic cord, and pain on pressure over inguinal region of left side. By questioning, patient stated he had contracted the disease in July, five months previous, and had been treating himself by using *free medicine receipts*, at times better, but the disorder would persist in returning, and so remitting and returning up to final result. He had quite recently married a very estimable young lady from Illinois, and had communicated the disease to her. The patient and wife, with his father and mother, all at the old home and all highly respected—a close place, you see.

I told the old gent his son had inflammation of testicle, and he appeared satisfied; and to the patient's wife, that pus was poison, and if applied to a denuded surface or injected under the skin, or coming in contact with a mucus surface, would produce inflam-

mation, with burning and pain. She replied that she did have the burning and pain, especially at micturition. Seeing that she anticipated my object, I then explained that in all probability her sexual organs had become poisoned through the medium of the sexual act. She looked me square in the eyes, as if to catch any expression to the contrary. I had told no falsehood, so the lines of my face were as composed as a saint.

To the husband I prescribed pulv. doveri gr. viii. every four hours. Also—

R Distilled ext. copaiva .....℥ii.  
 Distilled ext. cubebs.....℥iiss.  
 Spts. ether nit.....℥ii.  
 Glycerine.....℥iiss.

M.—A teaspoonful every four hours, with warm fomentations to testicle.

Saw patient Dec. 5th. Much better and easier. Prescribed for wife. Exit. Saw patient again Dec. 7th; temperature 99; pulse 96. Discharge from urethra unchanged in quality or quantity, pain in back, groin and thighs, abdomen tense, testicle much swollen and painful. Removed warm fomentations. Prescribed a lotion:

R Tinct. aconite rad.....  
 Tinct. arnica aa.....℥iiss.  
 Ol. olive.....℥iiss.

M.—Apply on cotton-flannel to parts continuous. Also, calomel gr. 10; take at once. Exit.

Twelve hours after was sent for in great haste. Messenger said patient had been having chills. When I arrived found the bowels had acted well; tension of abdomen reduced, but was still having rigors. Temperature 103½; pulse 108.

My conclusion was that the rise of temperature and the rigors was due to formation of pus, and that I must puncture the testicle. The testicle being so very sensitive, made me think to test the efficacy of *cocaine*.

Pinching up the skin over testicle, I inserted the hypodermic needle just through the skin and carefully instilled five drops of hydrochlorate cocaine, 4 per cent. solution. I did this in three

different places, injecting five drops in each, between skin and epididymis; then I bathed the skin with the solution. Waited five minutes; patient said pain in testicle was not so bad, but that he was so sick. I waited longer; he was white around the mouth. Said he, "Oh, I am so sick." Respirations short and intermittent, his face deathly pale. "Oh, doctor, I am so sick." The respirations dropped to about fourteen per minute. Pulse soft, depressed, and about 100 per minute. I gave him a good draught of brandy, placed his hands under his head, and told him to keep them there; then, grasping the testicle with my left hand, with the right I made an incision one inch deep into the anterior convex portion of testicle, cutting upward and outward.

There followed a gentle flow of sanious lymph and matter. I waited one hour. Pulse 86; temperature 102; respiration 22, and more regular. Applied linseed poultice to testicle and gave morphia sulph. gr.  $\frac{1}{2}$ , with orders to give no other medicine until I saw him again.

Returned next morning; patient easy; had breakfast, felt well; testicle much reduced, and not so tender.

There was a discharge for three days and nights from punctured testicle, the discharge from urethra gradually subsided, and at this writing, Dec. 16th, both patients are doing well, he contending that he is well.

My object in reporting this case is to show the dangerous action of *cocaine* in this particular case. The patient expressed a feeling of deathly sickness, but made no effort to vomit; there was alarming apnoea and neurasthenia, and the patient said his cheeks felt heavy and dead, and actually brushed them with his hand to see if they were there.

I think the drug was quickly taken up into the lymphatic vessels, and passed into the circulation in a very short time, the absorption being rapid, hence the shock.

I had used the drug on other patients, on and into cervix uteri, on the cornea, and applied it in extracting teeth, and never had occasion to regret its use, but in the future I shall use it with dread caution, especially over and into lymphatic ganglia.

## Selections.

**WAXHAM: TREATMENT OF CROUP.**—(*Chicago Medical Journal and Examiner*, June, 1885.)—In the treatment of this disease the author approves of trypsin as one of the most, if not the most, valuable agents for dissolving the false membrane. His formula is—

R Fairchild's ext. pancreatis.....gr. xv.  
 Sodæ bicarb.....gr. iij.  
 Aquæ dist .....  
 Glycerinæ.....āāss.

This mixture may be used with an atomizer, and great pains must be taken that the spray may reach the affected parts. Lime water is mentioned as an excellent solvent, but only when the membrane is immersed in it. The vapor from a boiling solution does not dissolve it, as was shown by exposing a large fragment of false membrane to the vapor constantly for three hours. In the given experiment the membrane was neither disintegrated nor softened. The author admits, however, that benefit may be derived from the heat and moisture of the vapor. The same piece of membrane which was exposed to the vapor was placed in a two-ounce phial which contained an officinal solution of lime water; in seven minutes it had been completely dissolved. Another piece of membrane was subjected to a spray from a hand atomizer which contained the pancreatin solution according to the formula already given. It was sprayed four times, at intervals of half an hour, and at the end of that time the membrane was disintegrated. Again, a similar piece of membrane was sprayed with officinal lime water every half hour and was dissolved after six applications. A spray of a ten per cent. solution of lactic acid softened the membrane in three hours and a half, being used, as in other cases, at intervals of half an hour. The membrane was not completely disintegrated, however. The con-

2 S: P.

clusions which were reached were: (1.) A solution of pancreatin with soda and glycerine furnishes the most satisfactory solvent. (2.) The spray of lime water will dissolve false membrane, but not so efficiently as the pancreatin. (3.) The vapor from boiling lime water is of no use as a solvent. (4.) Lactic acid is not a good solvent.

O'Dwyer's method of tubing the larynx in croup receives unqualified praise. Its advantages are: (1.) The tube can be introduced and without danger. (2.) There is no mutilation. (3.) No wound as a cause of shock, or source of infection. (4.) The tube can be worn more easily than a tracheotomy tube, and without greater hinderance to coughing and expectoration. (5.) It does not require constant attention as does a tracheotomy tube. (6.) Bronchitis and pneumonia are less likely to occur than when tracheotomy has been performed, the respired air being warmed on its way through the natural air passages. (7.) The operation is less likely to be objectionable to the parents.—*Archives of Pediatrics*.

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**SANGUINARIA CANADENSIS.**—L. B. Anderson after thirty years use of this drug esteems it more highly than any other one agent of the materia medica. In a paper in the *Therapeutic Gazette*, Dec. 1885, he writes at some length concerning it.

As to its *modus operandi*, he says that it causes an increased secretion from the respiratory mucous membranes and more or less also from other mucous surfaces, as evidenced by its sanative effect where there is obstruction of the hepatic ducts, and a dry condition gastric and intestinal mucous membranes. It seems to exert a special influence upon vaso-motor nerves controlling the capillary circulation in the mucous membranes and upon their trophic nerves as well.

Among the therapeutic uses he mentions the effect of a full dose at bed time in an incipient catarrh when it will often effect such rapid and complete resolution that when arising in the morning all unpleasant symptoms will have disappeared. When pharyngeal inflammation has become so intense as to cause a rapid

exosmosis and organization of fibrin, forming a false membrane, sanguinaria will restore the circulation, arrest further exudation, cut off nutrition of the false membranes and cause it to die and slough off.

He finds it a valuable remedy in the treatment of tubercular consumption where it modifies the circulation in the hectic condition, promotes free secretion of the mucus from the bronchi and duodenum, relieving the lung pressure and causing free elimination of bile.

He has treated many cases of phthisis with combination of equal parts of tincture of sanguinaria and fluid extract of *cimicifuga racemosa*, twenty drops of the mixture in syrup every two or four hours, using at the same time the compound fluid extract of Indian sarsaparilla, and with better results, he thinks, than he has obtained by any other line of treatment. He keeps the chest irritated with tartar-emetic ointment to subdue inflammatory complication. The sanguinaria and *cimicifuga* promote expectoration and moderate the action of the heart, and thus diminish pulmonary congestion, while the compound fluid extract promotes digestion, gives tone to the organic nerves centres, and stimulates the action of the absorbents.

He does not like the officinal preparation of the drug. He has found that the tincture will not retain its properties long and should therefore be freshly prepared or combined with syrup.

The root should be procured as early in the season as possible and carefully washed at once. When intended for immediate use four ounces of the fresh root should be placed in a quart-bottle of diluted alcohol, kept in a warm place and shaken frequently, when it will be ready for use in two or three days. When the dry root is to be used, four ounces should be put in a quart-bottle and enough boiling water added to cover the pieces which will fill the bottle about half full. After standing for twelve hours in a warm place the bottle is to be filled with dilute alcohol and the whole digested for a few days with frequent shaking. Then it should be strained off for use. If to be preserved for any length of time, he adds three parts of syrup to one of the tincture, and a teaspoonful is the dose for an adult.

Dr. Anderson quotes the observations of others with regard to the use of this drug, fully supporting his own high estimate of its efficacy in influenza, croup, bronchitis, and pneumonia.—*St. Louis Courier of Medicine*.

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**ON THE THERAPEUTIC USES OF RESORCINE.**—This drug, belonging to the aromatic series in chemistry, to which carbolic acid, salicylic acid, and many other drugs also belong, was discovered in 1860, by Hlissivetz and Barth, but has only recently come into use. Resorcine is very soluble in water, 95 parts in 100, and less so in ether, alcohol, glycerine, and vaseline. The aqueous solution is neutral. It darkens on exposure to the air, is phosphorescent, and treated with perchloride of iron it gives a beautiful blue color; or, if sulphate of soda has been previously added, a deep garnet.

Its physiological effects have been well described by Justus Andeer. It destroys the low organisms, causing certain fermentations and putrefactions. A solution of 1 to 100 arrests alcoholic fermentation. A solution of 2.5 to 100 stops lactic fermentation, and is a valuable preservative liquid for anatomical specimens. It is, therefore, an antieffervescent and antiputrescent of great power.

Justus Andeer and Péradon have experimented upon themselves, not only with small, but with large and dangerous doses. In doses of gr. xlv-lxxv. a day, the drug only causes slight roaring in the ears, without other symptoms. ℥ viij. taken in twelve hours, produced dull pain in the head, with heaviness and loss of appetite. The same dose, taken in six hours, caused deafness, sighing respiration, vertigo, and lassitude, and modified neither the temperature nor the pulse. Taken in two hours it caused a deep sleep, followed by a normal wakening. Taken in fifteen minutes it caused troubles of sight, hearing, odor, and taste, followed by hallucinations. Péradon had the same experiences, with redness of the face, more or less profuse perspiration, and lowering of the temperature under large doses.

The therapeutic applications of resorcline are based on its antiseptic and antithermic properties, and it has been successfully used in certain infectious diseases. In typhoid fever it acts by combating the infective principles and the high temperature of the disease.

In intermittent fever its actions seems to have fully justified the hopes of the experimenters, and Kahler regards it as quite equal to quinine. The cures of intermittent fever by resorcline may now be counted by the hundred. Beside this effect on the temperature, it has the advantage that it may be administered at the beginning of the access of fever; in fact, this is the best time for administering it, as its effect is very evanescent. Lichtheim gives one large dose of gr. xlv.

In diphtheria Justus Andeer uses resorcline in powder for making local applications. In severe cases he gives it internally. In 222 cases thus treated, he was not disappointed in a single one. In erysipelas it does not seem to have any marked effect except when injected hypodermically along the erysipelatous line.

*External Uses.*—On account of its antiseptic action, resorcline in solution may be used for dressing putrid or atonic wounds. It has the advantage over several other antiseptics of being odorless, though it is less astringent than carbolic acid. The solution is also used as a topical application in syphilitic ulcerations; and, as shown by a recent pamphlet of Leblond and Fissiaux, it is as useful in the treatment of soft chancres as iodoform.

Resorcline has no irritating action on mucous membranes. For internal administration it is preferably given in an aromatic solution, or in sweetened water to which an aromatic syrup is added. The doses vary according to individual circumstances. For external use the vehicle may be water, or water with glycerine and alcohol. It can also be incorporated in pomades, etc — *American Journal of Medical Sciences*, July, 1884, p. 269.

According to the testimony of Bovouche (*Jour. de Med. de Bordeaux*), cases of chronic diarrhœa, if caused by septicemia, "or if accompanied only by a very fetid discharge," are greatly benefitted by the use of resorcline with castor oil. It is given in doses of sixteen grains with castor oil, the solution being effected



by the aid of heat. It is also claimed by Andeer as possessing valuable hypnotic properties. We have had an occasion quite recently to use resorcine topically in a painful and indolent ulcer of the chin of long duration. The remedy was applied full strength, gave immediate relief to the pain, corrected the fetid condition of sore, and stimulated the granular process. It is decidedly caustic, but non irritating to mucous surfaces.

Dr. Rubino Antonio (*Med. Times and Gazette*) reports an epithelioma on the side of the nose, about the size of a pea, but with body attachments, reddened skin and infiltrated, treated with this remedy. He used resorcine, fifteen parts to twenty parts of vaseline, and applied twice daily, previously washing with a solution of potassium permanganate. The tumor grew gradually smaller day by day, and finally disappeared at the end of five months.—*Weekly Medical Review*.

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THE TREATMENT OF PELVIC ABSCESES IN WOMEN.—Dr. Paul F. Mundé thus concludes a paper in the *American Journal of Obstetrics* for February:

1. Pelvic abscess in the female is not very common, in proportion to the great frequency of pelvic exudations, and probably does not occur in more than ten per cent. of all cases, the majority of exudations terminating in spontaneous absorption.

2. Pelvic abscess may be either extra-peritoneal, the result of cellulitis (by far the most common variety), or intra-peritoneal, the consequence of pelvic peritonitis. If intra-peritoneal, the adhesive inflammation between pelvic viscera and intestines may so seal the abscess cavity as to render it *practically extra-peritoneal*.

Abscess of the ovary and pyo-salpinx do not belong in the category of "pelvic abscess" proper, and do not fall under the same therapeutic rules, unless when, by agglutination to the abdominal wall or to Douglas's pouch, they become virtually extra-peritoneal.

3. Small deep-seated pelvic abscess, not exceeding a capacity

of two ounces, and minute multiple abscesses in the cellular tissue, can often be permanently cured by evacuating the pus thoroughly with the aspirator. The surrounding exudation is then rapidly absorbed.

4. About one-half the abscesses open spontaneously into the vagina, rectum, bladder, or through the abdominal wall and ischiatic fossa. These cases may gradually recover without treatment, or the sinuses may persist until closed by surgical interference.

5. Abscesses containing more than two ounces of pus should be opened by free incision along an exploring needle or grooved director, cleared of débris by finger or blunt curette, and drained and irrigated, if necessary, through a drainage tube.

6. This incision should be made at the spot where the pus points most distinctly, which is usually the vaginal vault.

7. In a certain number of cases the pus points through the abdominal wall, generally in the iliac fossa, and the incision should then be ample, and free drainage should be secured.

8. When the pus has burrowed deep into the pelvic cavity, and a probe can be passed from the abdominal incision down to the vaginal roof, mere abdomino-cutaneous drainage will not suffice, and a counter-opening must be made in the vagina, and a drainage tube carried through from the abdominal wound into the vagina. This drainage tube may have to be worn for months. In making this incision care should be taken not to wound the bladder.

9. The opening of a pelvic abscess which points through the abdominal wall does not differ from and is no more dangerous than the same operation elsewhere on the cutaneous surface of the body. It is not an "abdominal section" or a "laparotomy," in the sense that these terms are now used to indicate the surgical opening of the peritoneal cavity.

10. Chronic pelvic abscesses, which have burst spontaneously, and have discharged through the vagina, rectum, or elsewhere for months or years, are exceedingly difficult to cure. This is particularly the case when the opening is high up the rectum. A counter-opening in the vagina, or enlarging the opening if there

situated, the curette, stimulant irrigation, etc., may occasionally succeed, but usually fail.

11. A perityphlitic abscess may point through the abdominal wall, and stimulate a pelvic abscess proper. Aspiration will settle the diagnosis; the treatment is the same.

12. The majority of cases of pelvic abscess recover; at least the mortality is small.—*Phila. Med. and Surg. Reporter.*

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**STUNNING AND BURN BY AN ELECTRIC LAMP.**—George Buchanan thus writes in the *Lancet*, February 13:

Injuries from electric lamps are becoming not infrequent. In most of the cases related death has been instantaneous. In a case reported on January 22d, as occurring at Liverpool, the man was stunned and remained unconscious for a time, and on recovering was found to be quite blind. The case here related is very curious as to its causation and its effects.

Wm. C., aged 44, a workman in Clydebank building-yard, was engaged at a crane on November 19, 1885. At the extremity of the wooden arm of the crane was an iron pulley, over which hung an endless chain for raising weights. The man had occasion to pull at the chain, and while so doing an electric lamp, which was suspended above, by some mischance was lowered till it touched the pulley. The lamp was one of the arc kind, worked on the Brush system. The instant this occurred the man felt a shock pass through him, became "doubled up," and then lost consciousness; but he did not fall to the ground, being held up by the chain which his hands firmly and involuntarily grasped. Some three or four minutes elapsed before the electric current was cut off at the machine, when the man dropped down on the ground stunned. He was taken to the Western Infirmary about an hour afterward, by which time he had recovered consciousness, and could give a distinct account of what had happened. The injuries received were not very severe. There was a vesication of the palm of his hand where it held the chain, also one on the side of his neck, which rested against the chain during his

pulling it down. On the sole of his right foot in front, where the chief weight of his body rested in the act of pulling, was a spot about two inches square, where the tissues were completely charred by the heat of the current passing into the ground. There were no nails in the boots, and there was no perceptible evidence of heat on them, but the sole of the stocking was charred opposite the charred part of the foot. Sir Wm. Thomson, who questioned the man after his recovery, explained that the moist foot of the stocking must have acted as the medium of conduction between the man's body and the ground, and so determined the seat of the burn.

The symptoms complained of were not very severe; they consisted of a slight amount of general shock, a feeling of heat in the abdomen and chest, and dimness of vision, all of which passed off in twenty-four hours. The wounds were treated in the ordinary way. A large slough separated from the sole of the foot, followed by rapid granulation and cicatrization, and the man was dismissed cured in about six weeks.

Sir Wm. Thomson suggests that if any of the bystanders had taken the man by the clothes and drawn his feet from contact with the ground, or had thrust a bit of dry clothing of any kind under his feet, the contact would have been broken; and the hand relieved from its grasp of the chain. The wonder is that an electric current powerful enough to char the integument of the sole of the foot, passing through the man, did not produce any internal mischief.

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AMERICAN MEDICAL ASSOCIATIONS.—The Thirty-seventh Annual Session will be held in St. Louis, Mo., on Tuesday, Wednesday, Thursday and Friday, May 4, 5, 6 and 7, commencing on Tuesday at 11 A.M.

The delegates shall receive their appointment from permanently organized State Medical Societies and such County and District Medical Societies *as are recognized by representation in their respective State Societies*, and from the Medical Department of the Army and Navy, and the Marine Hospital Service of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided*, however, that the number of delegates for any particular State, territory, county, city or town shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of Medical Societies, as above designated, are earnestly requested to forward, *at once*, lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the the names of those who have forfeited their membership, the Secretaries *are, by special resolution*, requested to send to him, annually, a corrected list of the membership of their respective Societies.

"The Chairman of the several Sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past year in the branches of science included in their respective Sections. . . ."—*By-Laws*, Article 11, Sec. 4.

*Practice of Medicine, Materia Medica and Physiology*.—Dr. J. T. Whittaker, Cincinnati, Ohio, Chairman; Dr. B. L. Coleman, Lexington, Ky., Secretary.

*Obstetrics and Diseases of Women and Children*.—Dr. S. C. Gordon, Portland, Me., Chairman; Dr. J. F. Y. Paine, Galveston, Texas, Secretary.

*Surgery and Anatomy*.—Dr. Nicholas Senft, Milwaukee, Wis., Chairman; Dr. H. H. Mudd, St. Louis, Mo., Secretary.

*State Medicine*.—Dr. John H. Rauch, Springfield, Ill., Chairman; Dr. F. E. Daniel, Austin, Texas, Secretary.

*Ophthalmology, Otology, Laryngology*.—Dr. Eugene Smith, Detroit, Mich., Chairman; Dr. J. F. Fulton, St. Paul, Minn., Secretary.

*Diseases of Children*.—Dr. W. D. Haggard, Nashville, Tenn., Chairman; Dr. W. B. Lawrence, Batesville, Ark., Secretary.

*Oral and Dental Surgery*.—Dr. John S. Marshall, Chicago, Ill., Chairman; Dr. A. E. Baldwin, Chicago, Ill., Secretary.

A member desiring to read a paper before a Section should forward the paper, or its *title* and *length* (not to exceed twenty minutes in reading), to the Chairman of the Committee of Arrangements, at least one month before the meeting.—*By-Laws*.

*Committee of Arrangements*.—Dr. Le Grand Atwood, St. Louis, Mo., Chairman.

#### AMENDMENTS TO CONSTITUTION.

*By Dr. Foster Pratt, Mich.*—Each Section shall nominate its Chairman and Secretary—all other nominations to be made, as now, by the nominating Committee.

*By Dr. I. N. Quimby, N. J.*—Create a new Section, to be known as the Section on Medical Jurisprudence.

WM. B. ATKINSON, M.D.,

*Permanent Secretary.*

**ANÆSTHETICS.**—Dr. R. Harvey Reed thus concludes a paper in the *Fort Wayne Jour. Med. Science* for January:

From this brief review of the anæsthetics most familiar to the profession, from a practical stand-point, we have arrived at the following conclusions:

1. Of all general anæsthetics known, pure sulphuric ether stands at the head for safety, efficiency, and every-day practical use.

2. Hydrochlorate of cocaine stands at the head of all known local anæsthetics.

3. Ethidene promises to rival ether, and merits a more general and extended trial.

4. No surgeon should give any anæsthetic without being prepared to resuscitate the patient on the shortest possible notice if necessary; among which preparations nitrite of amyl stands pre-eminent.

5. No person should be entrusted with the administration of any anæsthetic who is not thoroughly familiar with their physiological action and practical administration.

6. The indiscriminate use of anæsthetics should be strenuously guarded against, and especially the practice of leaving such dan-

gerous compounds in the hands of the laity, to be given at liberty, whenever they may deem it necessary.

7. The judicious use of anæsthetics under all necessary circumstances should never be omitted; for when properly used by skilled hands they are a glorious haven of peace in the midst of a stormy sea.

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**INJECTIONS OF OIL OF TURPENTINE FOR THE RADICAL CURE OF FISTULÆ.**—Cecchini has employed oil of turpentine with good results in the treatment of several varieties of fistulæ. He claims that this substance acts as a powerful antiseptic, produces granulation, and can never do harm if a reasonable amount of care is exercised.

1. *Fistulæ in Ano.*—Seven cases treated, with five cures. The turpentine was injected by means of a syringe. As it causes considerable pain, it may be diluted with almond or olive oil. Short fistulæ are most easily cured by this remedy.

2. *Caries of Petrous Portion of Temporal Bone.*—Four cases cured in from two to three months. Boracic acid was used in conjunction with the turpentine. The discharge of fetid pus soon ceased, and complete cure rapidly followed.

3. *Dental Fistulæ.*—Eight fistulæ, with caries of alveolar process and maxillaries, were completely cured.

4. *Fistula of Steno's Duct.*—The fistula treated was caused by an abscess following a gun-shot wound. From the parotid region, fistulæ extended into the cheek, angle of jaw and neck. During mastication saliva flowed through the opening in the cheek. The fistula was healed in thirty days, with six injections.

Cecchini has also employed turpentine in the treatment of carbuncles and in post mortem wounds, in every case with excellent results.—*Centralblatt für Chirurgie*, No. 1, 1886.

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**CHRONIC CYSTITIS.**—The *Bulletin* was instrumental in calling my attention to the combination of drugs known as lithlated hy-

drangea, and a case of chronic cystitis has yielded so happily to its administration, that its report may be of interest.

Patient, a married lady, æt. 30 years, suffering from calculi, much reduced in flesh, of nervous temperament, and desponding, hypochondriacal disposition. I had used at different times the simple fluid extract hydrangea, uva ursi, buchu, flax seed tea, and elm water, as well as washing out the bladder with a solution of nitrate of silver, etc., without success. I then commenced the use of lithiated hydrangea (Lambert) in teaspoonful doses four times a day, and after three days increased to tablespoonful doses. At the end of the first week I could see no marked change, but persisted in its administration. On the morning of the eleventh day of treatment the patient was reported much worse, and my visit found her suffering intensely and continuously passing water, in small quantities, containing clots of blood. I injected four ounces flax-seed tea and laudanum into the bladder, which partially relieved the pain and tenesmus, and enabled the passage of a large quantity of water, containing three ounces, by weight, of what I supposed to be phosphate of lime. I then added fifty per cent. of the fluid extract of buchu to the lithiated hydrangea for several days, during which time she continued to pass the brick dust deposit, which was followed by a gradual improvement in her general condition. I used no other treatment except to keep hot hop poultices over the pubis. She now has no trouble whatever in passing her water, and no pain or soreness over the region of the bladder. I must ascribe the ultimate benefit to the lithiated hydrangea on account of its removal of the cause of irritation,—i. e., the dissolution of the calculi.—*P. McAdams, M. D., Rosedale, Ohio, in Medical Bulletin.*

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**A PAINLESS ESCHAROTIC.**—The *Medical News* tells us that Mr. C. E. Jennings has recorded in the *Lancet* two cases in which he used cocaine to alleviate pain, whilst caustics were applied to cancerous growths. One patient was aged seventy-three, and suffered from extensive scirrhus ulceration of the right breast. The surface of the ulcer was covered with rugged, irregular



granulations, which bled upon pressure; the veins around the growth were much engorged, and the pain was increasing. After painting the ulcerated surface with a ten per cent. solution of hydrochlorate of cocaine, a paste was applied consisting of cocaine, potassa fusa, and vaseline. After some minutes a burning sensation was experienced; then the paste was quickly removed with the charred tissue, by means of pledgets of cotton-wool previously moistened with water. The denuded surface was again painted with cocaine solution, and the compound paste reapplied. By this means, more than a tablespoonful of cancerous growth was removed by a rapid and painless process. The next day a clean, smooth, and bloodless surface, insensitive to the touch, was presented. By this means most of the scirrhus mass was removed after a few applications. In the second case, the author destroyed a cancerous growth of the os and cervix uteri, by means of sticks of potassa fusa, and a ten per cent. solution of cocaine.—*Medical and Surgical Reporter.*

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IN ACCORDANCE WITH THE LETTER AND SPIRIT OF THE CODE OF ETHICS.—At a recent banquet Sir Spencer Wells told a story from his personal experience as a young man, which has in it a lesson for the older men of to-day. He had been called in the absence of Dr. Braithwaite, the family physician, to see a girl whom he found lying, insensible, on the bed. Not knowing what to do he gave some brandy-and-water. Dr. Braithwaite then arrived, and after examining the case ordered two teaspoonfuls more of the mixture, but as soon as he was alone with Wells, said: "It was very wrong to give her brandy-and-water. It is the first stage of some eruptive fever. But a teaspoonful won't make any difference, and it will show that I did not differ from you. If I had," he added with a kind smile, "perhaps they would not believe either of us." There was something in this way of treating a junior—so much good feeling, mixed with so much knowledge of human nature—which so impressed the future Sir Spencer as to influence him in his consultations with his juniors.—*Medical Age.*

**ARSENIOUS ACID IN HEMORRHAGIC MALARIAL FEVER.**—Dr. B. H. Riggs, of Selma, Alabama, reports (*Medical News*, February 27) an interesting case of a white boy suffering with hemorrhagic malarial fever. Calomel followed by salines was given, hot baths, and the following prescription :

R   Acidi arseniosi..... $\frac{1}{4}$  gr.  
      Piperinæ..... gr. ij.  
      Pulv. Doveri..... gr. x.  
      Ext. hyoscyami..... gr. v.   M

Five capsules.

One capsule taken every three hours until some œdema was observed, when the remedy was given at longer intervals. In thirty-five hours half a grain of arsenic was thus administered. Dr. Riggs noted a prompt improvement; and is disposed to believe that full doses of arsenic constitute the best treatment for this usually fatal disease.—*Medical Times*.

**FEEDING BY THE RECTUM.**—The following formulæ for this purpose are given in *The Practitioner*, Dec., 1885 :

For peptonized gruel: wheaten flour, oatmeal, arrowroot, sago, pearl barley, pea or lentil flour, gruel well boiled, thick and strong, Oj. ; put in a covered jug, cool to about 140° F., add liq. pancreatici ℥ss. Keep warm under a cossey for two hours, boil and strain.

For peptonized milk gruel: thick hot gruel, cold milk, equal parts. To each pint add liq. pancreatici ℥ij-ijj., and sodii bicarb. grs. xx. Keep warm in covered jug for two hours; boil for a few minutes and strain.

For peptonized beef tea: half pound finely minced lean beef, water a pint, sodii bicarb. grains xx.; simmer for one hour and half; cool to 140° F.; add liq. pancreatici ℥ss. Keep warm under cossey for two hours; occasionally shake. Decant liquid portion and boil for five minutes.

**ANTIPYRINE.**—We have informed our readers of the hemostatic powers of antipyrine, discovered by some French observers.

We learn of corroborative evidence from Italy. Solutions of four or five per cent. were used, and arrested the hemorrhage in epistaxis, in the removal of a nevus, in an operation for resection of the elbow, etc. The solution is superior to perchloride of iron in not encrusting the surfaces, to the actual cautery in not leaving an eschar, and to ergotine in not being poisonous.—*Weekly Medical Review*

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"Have used Tongaline in some very obstinate cases of subacute and chronic articular rheumatism, with the most gratifying results. In one case of long standing and intense suffering, a combination of Tongaline three ounces and fluid extract of Manaca one-half ounce, teaspoonful every hour, caused great relief after the third dose. I am much pleased with Tongaline, and should not like to be without it in my practice.

"E. CHRISTIANSEN, M.D., Grand Island, Neb."

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There is nothing new after all in the Pasteur method. It has been long known and tried in communities where it is the custom in the morning for a man to inoculate himself with a thimbleful of the dog that had bitten him the night before.

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A letter from Berlin to the *Therapeutic Gazette* reports the case of a girl of eight with gonorrhœal rheumatism, communicated by connection with a boy of twelve.

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The stomach and the pocket once had a dispute as to which had the most influence over its possessor. The stomach took the cake.

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Chewing coffee is said to effectually remove the disagreeable taste following galvanism to the head and neck.



# Horsford's Acid Phosphate,

(LIQUID.)

Prepared according to the directions of Prof. E. N. HORSFORD, of Cambridge, Mass.  
Universally prescribed and recommended by physicians of all schools.

## AS A TONIC.

Not the least important of the many therapeutic uses of this well known preparation is its application as a tonic.

Very many physicians recommend it as a highly agreeable tonic and appetizer. It nourishes and invigorates the tired brain and body, imparts renewed energy and vitality, and always enlivens the functions.

### **Invaluable as a Tonic.**

Dr. J. L. PRATT, Greenfield, Ill., says: "It is all that it claims to be—invaluable as a tonic in any case where a tonic is indicated."

### **Tonic for Overworked Men.**

Dr. J. C. WILSON, Philadelphia, Pa., says: "I have used it as a general tonic, and in particular in the debility and dyspepsia of overworked men, with satisfactory results."

### **As an Appetizer.**

Dr. MORRIS GIBBS, Howard City, Mich., says: "I am greatly pleased with it as a tonic; it is an agreeable and a good appetizer."

### **For Overworked Females.**

Dr. J. P. COWAN, Ashland, O., says: "My trial of it has been rather satisfactory as a nerve tonic, as well also as in dyspeptic conditions of the stomach, with general debility, such as we find in overworked females, with nervous headache, and its accompaniments."

Pamphlets sent free. Physicians desiring to test Horsford's Acid Phosphate will be furnished a sample without expense, except express charges.

**RUMFORD CHEMICAL WORKS,**

**Providence, R. I.**

~~See~~ These Works also manufacture Prof. Horsford's baking preparations, which are made of acid phosphate in powdered form. These preparations restore the nutritious elements that are taken from the flour in bolting. No other baking powder, or any thing else used for raising bread, does this.

The use of these preparations is positively beneficial to health.

The Horsford Almanac and Cook Book sent free.

# THE Best Infant Food

IS THAT WHICH IS THE NEAREST LIKE MOTHER'S MILK.

---

Mother's milk contains no starch.

Mother's milk contains no cane sugar.

Mother's milk contains no malt sugar.

Therefore, infant foods which contain these present to the infant substances which are foreign to its natural food, and which are unsuited to the physiology of infant digestion.

Normal human milk is persistently alkaline; this alkaline reaction is due to the presence of peculiar mineral and saline constituents which differ materially from those of cow's milk, which is slightly acid in reaction.

It is impossible to imitate this peculiar reaction of normal mother's milk by the use of soda, or potassa bicarbonate, or lime water.

Nor do these alkalies adequately represent the saline and mineral constituents of human milk, which are such important elements in the nutrition of the infant, being vitally necessary to the development of its osseous system.

The caseine of cow's milk differs radically in character from the albuminoids of human milk.

Not one of the Farinaceous, Malt, Liebig, or Condensed Milk Foods, contain any principle capable of acting upon caseine or digesting it, or in any way converting it into the peptone-like form in which the albuminoids exist in human milk.

Peptogenic Milk Powder yields a "Humanized Milk" which, in taste, physical characters and chemical constitution approaches very closely to woman's milk.

1. Because it contains milk-sugar, and no other sugar and no starch.

2. Because it contains the digestive ferment trypsin, which converts caseine into peptone.

3. Because it contains those various organic combinations of Phosphates, Chlorides, Potassium, Lime, Iron, Magnesium and Sodium which are always normally present in woman's milk.

4. Because it gives the alkaline reaction characteristic of human milk, due to these saline and mineral constituents.

A candid consideration of these facts must inevitably lead to the conclusion formed by Dr. Albert R. Leeds, viz.: "that the Peptogenic Milk Powder yields an artificial human milk which in *every particular* more closely resembles average normal mother's milk than that obtained by any other product or process known." Respectfully submitted,

**FAIRFIELD BROS & FOSTER,**

82 and 84 Fulton Street, New York.

## *Reviews and Book Notices.*

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**HAND-BOOK OF THE DISEASES OF THE NERVOUS SYSTEM.** By JAMES ROSS, M.D., LL.D., F.R.C.P. (Lond.), Senior Assistant Physician to the Royal Manchester Infirmary, with 184 illustrations. 8vo., leather, pp. 723. Lea Brothers & Co., Publishers, Philadelphia. 1885.

We regret that want of time prevents our giving this most excellent work the notice it justly deserves. But in order that our readers may know something of its scope, objects and methods, we give them in full the author's preface, assuring them that it is fully carried out:

"This Hand-book is intended for the use of students, and such of my medical brethren as are so fully occupied in practice that little time is left to them for reading lengthy treatises, and monographs on special subjects. The work is divided into two parts—a general and special neurology. In the former I have endeavored to give a brief outline of the evolution and dissolution of nervous structures and functions, adding a chapter on the general principles of treatment. In approaching a new subject, our capacity to master it may be measured by the ease and thoroughness with which the mind assimilates with its previous stock of knowledge the new facts and relations presented to it. The student may, indeed, acquire much information concerning diseases or any other new subject of study without assimilating the new facts, which come under his notice, with well-established principles, but the knowledge thus obtained—if it deserves the name of knowledge—is not properly organized, and will be found to be both fleeting and ill-adapted for guidance in emergencies. Keeping these considerations in view, it has been my endeavor in this part to arrange the anatomical and physiological facts, with which the student is already more or less familiar, in such

3 S. P.

a way that his mind may be prepared readily to comprehend the multiform phenomena of disease, and to associate them with the fundamental laws of development. In the special part my great aim has been to make the work thoroughly practical. With this view I have adopted, as far as possible, a clinical classification, so that the diseases which are most apt to be mistaken for each other will be found described in close proximity, and the reader can thus note the various features which differentiate nervous diseases clinically allied. My rule of selection has been to give the clinical descriptions with tolerable fullness, and to leave out the details of morbid anatomy and physiology, and almost all reference to the opinions and theories of different authorities. But although want of space has prevented me from quoting authorities, I am none the less grateful to men like Hughlings-Jackson, Wilks, Ferrier, Charcot, Westphal, Leyden, and the other great masters who have placed our knowledge of nervous diseases upon a secure and unshakable foundation."

**MATERIA MEDICA AND THERAPEUTICS**, for Physicians and Students.

By JOHN B. BIDDLE, M.D., late Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, Philadelphia. Tenth edition, revised and enlarged, with special reference to Therapeutics and to the Physiological Action of Medicines. By CLEMENT BIDDLE, M.D., U.S.N., and HENRY MORRIS, M.D., Fellow of the College of Physicians of Philadelphia; Demonstrator of Obstetrics and Gynæcology in Jefferson Medical College, etc., etc. With numerous illustrations. P. Blakiston & Co., Publishers, No. 1012 Walnut Street, Philadelphia. 1886.

The favor extended the ninth edition of Biddle's *Materia Medica* has exhausted a large edition in about two years. This appreciation shown their work has been an additional stimulus to the editors in preparing the tenth revision, and encourages them to hope that the fruit of their present labors may be a continuation of this popularity.

A very prominent advantage of the book, and probably its most popular feature, is its small size and practical character; realizing this, and knowing the value of a concise, practical book to the student, endeavor has been made to decrease rather than

to increase the number of pages; so, though a great deal of new matter has been added, space has been made for it by striking out that which was either obsolete or useless. The classification of medicines was rearranged for the ninth edition, so, beyond the transposing of certain articles, this feature remains the same. Another important alteration made in the ninth revision, that of considering the action of medicines on the physiological instead of the empirical plan, also remains, but has been extended so that the physiological action of each drug upon the human economy is clearly and concisely set forth. Therapeutics—the practical application of remedies—has been given more prominence than ever before, and this will compare favorably with other textbooks.

**PRACTICAL HUMAN ANATOMY, a Working Guide for Students of Medicine and a Ready Reference for Surgeons and Physicians.** By FANEUIL D. WEISSE, M.D., Prosector 1863 to 1865 to the late Valentine Mott, M.D., LL.D., Emeritus Professor of Surgery and Surgical Anatomy, Medical Department of the University of the City of New York, Professor of Practical and Surgical Anatomy Medical Department of the University of the City of New York, Professor of Anatomy New York College of Dentistry. Illustrated by 222 lettered plates, containing 321 figures. Wm. Wood & Co., 56 and 58 Lafayette Place, New York City, Publishers.

This is an admirable work, and will always find a place upon the shelves of every live practitioner of surgery and medicine. One of its distinguishing features is its plates; it seems that no pains or expense has been spared in getting them up. They elucidate every part so well that they appear to speak to us. For reference, one has only to look for a few moments to the relations of parts shown in any one of the plates to refresh his memory again upon them. Having thus spoken of its engravings, it becomes us also, to touch upon the explanations written about each one of its illustrations. These are brief, but to the point, and each sentence expresses no more or less than knowledge of the part justifies. We would cheerfully recommend it to our readers, and will close with compliments to the publishers for the very neat style in which it is gotten up.

(P. F. E.)



**THE YEAR-BOOK OF TREATMENT FOR 1885.** A Critical Review for Practitioners of Medicine and Surgery. J. Mitchell Bruce, M.D., T. Lauder Brunton, M.D., F.R.S., Thomas Bryant, F.R.C.S., Frederick Treves, F.R.C.S., Dyce Duckworth, M.D., and others, contributors. 8vo., cloth, pp. 316. Lea Brothers & Co., Publishers, Philadelphia. 1886.

The object of this book is to present to the practitioner not only a complete account of all the more important advances made in the treatment of disease, but to furnish also a review of the same by competent authorities.

Each department of practice has been fully and concisely treated, and care has been taken to include such recent pathological and clinical work as bears directly upon treatment.

The medical literature of all countries has been placed under contribution, and the work deals with all the more important matters relating to treatment that have been published during the year ending Sept. 30, 1885.

A full reference has been given to every article noticed.

**PRACTICAL NOTES ON THE TREATMENT OF SKIN DISEASES. I. Diseases of the Perspiratory and Sebaceous Glands, including Hyperidrosis, Bromidrosis, Prickly Heat, Seborrhœa, Comedo, Acne, Acne Rosacea, Sycosis, and other disorders of the Cutaneous Glandular System.** By GEORGE H. ROHE, M.D., Professor of Hygiene and Clinical Dermatology in the College of Physicians and Surgeons, Baltimore; author of "A Text-book of Hygiene," etc. 12mo., paper, pp. 62. Thomas & Evans. Publishers, Baltimore. 1885.

The price of this little work is 25 cents. It can be procured of the booksellers, or upon sending the price in postage stamps, or by postal note to the author, at 139 N. Calvert Street, Baltimore, Md.

**BRAIN REST; Being a Disquisition on the Curative Properties of Prolonged Sleep.** By J. LEONARD CORNING, M.D., formerly Resident Assistant Physician to the Hudson River State Hospital for the Insane, etc. Second edition, revised and enlarged, with additional illustrations. 12mo., cloth, pp. 135. G. P. Putnam's Sons, "The Knickerbocker Press," Publishers, New York and London. 1885. This little monograph will prove both interesting and instructive.

tive to those who will devote the brief time necessary for its perusal. The chief features suggested are prolonged sleep, aided by increased general and cerebral nutrition, and elimination of psychical irritation and sensory impressions.

**THE FIELD AND LIMITATION OF THE OPERATIVE SURGERY OF THE HUMAN BRAIN.** By JOHN B. ROBERTS, A.M., M.D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic, Surgeon to St. Mary's Hospital, etc. 8vo., cloth, pp. 80. P. Blackiston, Son & Co., 1012 Walnut Street, Philadelphia, Publishers. 1885.

Such is the title of a most interesting little monograph, replete with accurately stated facts, couched in very graceful and entertaining language. Its three chapters comprise: I. Principles of Cerebral Surgery. II. Cerebral Localization. III. Operative Treatment of Central Lesions.

**HOW WE TREAT WOUNDS TO-DAY.** A treatise on the subject of Antiseptic Surgery, which can best be understood by beginners. By ROBERT T. MORRIS, M.D., late House Surgeon to Bellevue Hospital, etc., etc. 12mo., flexible cloth, pp. 162. G. P. Putnam's Sons, "The Knickerbocker Press," Publishers, New York and London. 1886.

A very interesting series of aphorisms in behalf of antiseptic measures, in which the author is a most devout believer. The descriptions of the antiseptic method are wonderfully clear and thorough, notwithstanding the modest and unpretentious size of this little brochure.

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## *Editorial.*

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### OBITUARY—PROF. AUSTIN FLINT, SR., M.D., LL.D.

Prof. Austin Flint, Sr., died suddenly at his residence in New York City on Saturday, March 13, of cerebral apoplexy. He had spent Friday evening at Bellevue Hospital Medical College, examining students who were applicants for the degree of M.D. Soon after leaving the college, and after his arrival at home, he

was stricken with apoplexy and passed into coma, from which he never aroused. At the time of his death, Prof. Flint was 74 years of age. He was born in Petersham, Mass., on October 20, 1812. He was descended from a family of physicians, his great-grandfather, grandfather and father having preceded him as honored practitioners of medicine. It may be said that in this way he was in a measure equipped for the great service he has rendered to the science and practice of medicine. Prof. Flint pursued his collegiate studies at Amherst and Cambridge, and received his degree of M.D. from Harvard in 1833. In 1836 he established himself in practice in Buffalo, N. Y. In 1844 he was appointed to the chair of the Institutes and Practice of Medicine in the Rush Medical College, of Chicago. He was the editor of the *Buffalo Medical Journal* for ten years, from 1846 to 1856. During the year 1852 he accepted the chair of the Theory and Practice of Medicine in the University of Louisville, which he retained until 1856. During several winters, he was engaged in teaching Clinical Medicine in New Orleans. In 1859 he removed to New York City, and subsequently became Professor of the Principles and Practice of Medicine in Bellevue Hospital Medical College, which position he held up to the time of his death, his last work being discharged in connection with this school.

In 1872 Prof. Flint was elected President of the New York Academy of Medicine, and in 1883 was elected President of the American Medical Association, and presided over the meeting held in Washington in 1884. Upon the organization of the Ninth International Medical Congress, he was chosen its President. He had accepted an invitation to deliver an address before the British Medical Association in July next. It will be thus seen that Prof. Flint has been greatly honored by the profession by his selection to the most important positions within its gift. These honors were as modestly and gracefully worn as they were appropriately bestowed upon one whose professional labor and zeal have greatly added to the fame and honor of American medicine. Prof. Flint was as equally well known as an author, teacher and practitioner. In whatever direction his talents and

energies were turned the results were eminently prolific. As an author there is, perhaps, not an American writer on the Practice of Medicine who has compassed so wide a field and whose writings have added so largely to the fame of its literature. His classical "Treatise on the Principles and Practice of Medicine" has passed through numerous editions, and now stands as one of the standard text-books in the English language upon this subject. Prof. Flint has likewise written a number of manuals on different subjects; whilst of the monographs, addresses and lectures which have emanated from his pen, it would take much space to enumerate.

Aside from his literary and scientific attainments, Prof. Flint was highly esteemed for his eminent personal qualities. In all of the relations of life he was the cultivated scholar and model gentleman. His death at this time is a great loss, and his position in professional ranks is one which it will be difficult to fill.

The following editorial in the *Journal of the American Medical Association* of March 20, ult., we reproduce entire. (See *Association Journal*, p. 321, Saturday, March 20, 1886):

"Of the many distinguished physicians of America, distinguished both as original thinkers and clinicians, none have risen to a higher place in the esteem and respect of the professional men of their country, and indeed of medical men the world over, than Austin Flint. For years his name has commanded the respect due to high professional attainments wherever medicine is known as a science. The esteem in which he was held abroad may be known by the fact that he was selected to deliver the address in medicine at the next meeting of the greatest medical association in the world—the British Medical Association—and the estimation placed upon his professional ability at home was shown by his being chosen as the President of the Ninth International Medical Congress, which will meet in the city of Washington in 1887.

"'Nothing is more estimable,' says Voltaire, 'than a physician who, having studied nature from his youth, knows the properties of the human body, the diseases which assail it, the remedies which will benefit it, exercises his art with caution, and pays

equal attention to the rich and poor.' Such a physician and man was Dr. Flint: a man of great professional learning and attainments, a student of nature, both healthy and diseased, a great thinker and clinician, of a kind and even temper, refined in conversation and manner, great of heart, magnanimous and courtly, not given to criticisms of his professional brethren; not a man who

"For the poor renown of being smart  
Would leave a sting within a brother's heart."

"How aptly may be applied to him the words spoken by him of the lamented Gross, his intimate friend: 'His life, from the beginning to the end of his professional career, was a life of work—work as a student, a writer, a teacher and a practitioner. From first to last he was a diligent student. If in his advancing and advanced years he held tenaciously to opinions previously formed, it was not from any lack of knowledge covering recent views, but because they failed to subvert his convictions. To hold fast to these after due deliberation was a strong mental characteristic. His was not a mind to be carried away by every wind of doctrine. He may have been open to the charge of undue tenacity of convictions, but, if so, it was not from a pride of personal opinions, but from a reluctance to relinquish aught that he had been led to believe was true.' His life since he began the practice of his profession in Northampton, Mass., in 1833, was one of continued study of and devotion to medicine, and what he has done to elevate American medicine and medicine as a science is too well known to require repetition here. From the very first he made himself known as a practitioner and as a valuable contributor to medical literature. His kindness of heart, natural refinement and gentleness enabled him to escape the censure which men so often pay as a tax for being eminent. His untiring energy seemed to carry the conviction that 'it is better to wear out than to rust out;' and his application of his rich experience to present work showed that he was always making his present and all his future the fruit of all his past.

"Dr. Flint's life as an author was singularly successful. Few American writers, of any kind, had a style so simple, a diction

so faultless. And in his success we have a most brilliant example of the truth, which he himself recognized and uttered, that those who aspire to success as authors must begin to write early. 'How many,' said he, 'who cherish such an aspiration in the dim future, remain content with present inaction! Continued procrastination is equivalent to indefinite postponement, and the latter to inability. Authors in medicine do not spring like Minerva from the head of Jove.' While, in a certain sense, he cannot be called a voluminous writer, his contributions to medical literature were many and very valuable. It is probable that no medical man of the century has written so much with so little in it of questionable value. As if recognizing that 'learning without thought is labor lost, and thought without learning perilous,' he combined the two in a manner that is worthy of all imitation. All that he wrote was written carefully—as was all that he did—as though there was to be no subsequent retraction and correction of errors made in haste. 'Reading maketh a full man, conference a ready man, and writing an exact man;' and how full was his knowledge, how ready his hand, mind, and pen, and how exact his writings! In the most remote corners of the earth, wherever the science of medicine is known, read or taught, his writings are known, and with them his fame has gone. His life is an illustration of the fact that the busiest practitioner may perform great literary labors in conjunction with the other occupations which claim precedence, and are so irregular and time-consuming. He might have written more; let us be thankful that he wrote so wisely and so well.

"His success as a practitioner was not less, perhaps, if possible, greater than that as a writer. Indeed, it is difficult to say whether he was greater as an author, a teacher or a practitioner; or whether he was more devoted to his profession or his patients. In the interests of his patients he abated no energy, nor hesitated to brave any exposure, to make any sacrifice of time and rest, or spend hours in close study and scientific experimentation. His manner and language as a teacher were lucid, straightforward and interesting, his voice clear, and he had an earnestness that rarely failed to carry conviction, both to students in the lecture-

room and his confrères in the medical societies of which he was a member.

"To the American Medical Association—of which he was the President in 1884, and to which he was ever and at all times most loyal—Dr. Flint's death is a severe loss. When his State Society formally repudiated the principles of the association, he promptly severed his connection with the State Society, and was chiefly instrumental in organizing the New York State and County Associations. Nevertheless, he was far removed from the medical politician. For this his principles were too high, his nature too generous, and his heart,

" 'Open all day for melting charity,'

too great. His long experience with human suffering had caused him to express the wish that he might be spared a long and painful illness when his allotted time should come; and his wish was granted. His last work was in the fulfillment of his duty to his pupils—the second duty of every teacher. His first—the duty to his patients—he had always performed, as he had that to his professional brethren and his profession. His work, which bears the stamp of his individuality, and his character remain imperishable and priceless treasures to medicine.

" 'His life was gentle; and the elements  
So mixed in him, that Nature might stand up  
And say to all the world, This is a man!'"

The *New York Medical Journal*, of same date, concludes a very appropriate and fitting obituary notice with these words. (See *New York Medical Journal*, p. 328, Saturday, March 20, 1886):

"No man ever reached a more honorable position in American medicine than was occupied by Dr. Flint for many years, which perhaps could not be more forcibly put than was done by the *Lancet* a few years ago, when, arguing against the narrow restrictions put upon medical practice in the United Kingdom, it characterized them as virtually shutting out such men as Trousseau and Flint. This position he achieved, too, without having made any noteworthy discoveries; it was rather his clear and precise way of dealing with the facts already at command—after

all, one of the rarest of faculties—than any tinge given by him to the doctrine or practice of his time that won him his preëminence. This power of his was never more strikingly exemplified than when, toward the close of his life, he dealt with the bacillus theory of the ætiology of cholera, in a paper which we published in our issue for October 25, 1884. Yet it cannot be said that he was not an original contributor to our knowledge, for it is difficult to imagine that anything like our present appreciation of cardiac murmurs, of differences of pitch in resonance, or of a multitude of other facts connected with the diagnosis of thoracic affections, could, but for him, have been reached for many years to come. Both in individual research and in the interpretation of others' work, then, he advanced our resources most abundantly, and he was assiduous in his kindness to his professional brethren, and in upholding all measures that he conceived to be needful for the welfare of the body medical. The esteem in which he was held partook largely of the character of veneration, with no little admixture of tenderness, and every member of the American profession will feel his death as a personal loss."

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#### INTRIGUE IN THE ASSOCIATION.

TO THE EDITOR OF THE JOURNAL:

*Dear Sir:*—The following extract is taken from the *Nashville Journal of Medicine and Surgery*, of February, 1886, and reprinted in the *Medical News*, of February 27:

"Of late years this association has appeared to degenerate into a body merely medico-political, and it is time something should be done to elevate it to a proper standard and make it what the British Medical Association is to the profession in England, representative and national. Political intrigue and trickery have too long held sway in this association, and it is time the profession should see to it that it be no longer thus degraded, and be brought back to the place it occupied in its palmyest days. From year to year the meetings have become less and less important in a scientific point of view, and it is time every true physician should individually strive to change its downward course. If some change is not soon effected, the association will cease to exist and the profession will turn its attention to the separate special associa-



tions which are all now in a flourishing condition. We hope, therefore, that all who can will make an effort to attend the coming meeting."

If the editor who made this statement had looked over the list of names that have figured largely in the meetings of the American Medical Association within the past few years, of whom I need mention only those of Drs. Marion Sims and Samuel D. Gross, he certainly could not have the effrontery to parade such nonsense before an intelligent profession. The founders of the American Medical Association have conferred a lasting benefit upon the American medical profession, but during the last few months its enemies have made every effort to destroy its usefulness. Doubtless an effort will be made at the coming meeting in May to degenerate the association into a medico-political meeting by the very men who have so roundly abused it, but it is to be hoped that the better element which has hitherto guided its counsels will succeed in preventing the disaffected element of the profession from impairing the usefulness of the association. Its influence for good has been felt from the St. Lawrence River to the Gulf of Mexico, from the Atlantic to the Pacific Ocean; and the man whose spleen finds vent in the above quotation is, in the opinion of the writer, an enemy to the medical profession. I am, etc.,

Tecumseh, Mich., March 1, 1886.

J. F. JENKINS, M.D.

The above appeared in the *Journal of the American Medical Association* for March 20th ult., under the heading of "Domestic Correspondence." In the same number is a very able and excellent editorial on "The Scientific Aspect of the American Medical Association," which is well worthy of perusal.

We were not by any means surprised when we saw the editorial alluded to and quoted by Dr. Jenkins, but knowing the very limited circulation of the journal in which it appeared, did not deem it worthy of notice at that time. But since Dr. J. and the *Medical News* have given it such extensive circulation, and as we occupy an humble position in the same bailiwick from which it emanated, we think it nothing but right to state that the editor of the *Nashville Journal of Medicine and Surgery* is not, and never has been a member of the American Medical Association. His father, however, is a member, and has received honors at the hands of the association; but on later occasions, having been compelled to stand aside for those who presented truer and squarer work, may have become somewhat disgruntled. *Hinc illæ lachrymæ.*

**A PREMIUM ON CRIME.**—In the February number of the *Ogle County Medical Quarterly*, a publication issued by the Ogle County Medical Association, published at Mt. Morris, Ill., of which W. T. Speaker, M.D., is the editor, we find the following selected item :

**CELIBACY.**—In the prisons of America—the land of progress—the custodians have laid down the rule that prisoners must enforce celibacy. This is a remarkable regulation, and a very short-sighted one on their part. Enforced celibacy in prison-life is a social blunder, its influence most destructive. The inevitable result of such a state, its mischief-making consequences in the production of suicidal mania and insanity, would be philanthropists may look at it with one eye open while the other is closed to the terrible facts. Celibacy in the church is detrimental to her best interests and social life. The world knows it, but there is lack of courage to break it up. For the enforced celibacy among prisoners, and its results, the community at large is responsible, and if there is a lack of courage—of average common sense—on the part of the authorities, public opinion must interpose and supply the deficiency, and relieve them of duties they are unfitted to discharge.—*Germicide.*

As an advanced idea—one of progress (?)—God save the mark ; we give the above for the benefit of those morbid sensationalists who, envious of the immortality of a Howard, and lacking his intelligence, his humanity and his love for his fellow man, have sought notoriety in the quasi garb of humanitarians.

To the linen sheets, feather beds and spring mattresses, to the halls of pleasure, with their rich carpetings, mirrored and pictured walls, to the quail on toast, Piper Heidsick, cakes and cream, we must now add "*Chepeau vielle*," or "*Fresh Grouse*," *pro re nata*. Well, well, who wouldn't be a convicted felon ?

Being a "dyed in the wool Jackson Democrat," we rather are inclined to the view of Andy Johnson, once President of the United States, that "*Pro bono publico*" being an inherent principle of a Republican form of government, whenever a man was convicted of a felony it would be best to "stop the breed," and that incarceration should be followed by castration. It may be a bold measure—but it will put a stop to crime.

As for celibacy in the church, we have from our earliest days been taught that there was a "good time" to put the knife to the *sambuci*.

CINCINNATI SANITARIUM.—The twelfth annual report of this institution (Dr. Orpheus Evarts, Superintendent) states that of the eleven deaths in the year, out of 165 admissions, none were from avoidable diseases, or those contracted in the asylum; that nurses are employed without regard to politics; that patients are classified according to their conditions and necessities; that W. H. Rogers, M.D., of Lexington, Ky, succeeds Dr. Molloy as assistant physician; that "the future is before us, with promise in its face of reward for well-doing; the past shrinks to a memory, and that he who looks back with perfect satisfaction has ceased to improve, and past the meridian of his usefulness."

The daily average under treatment is 30 females and 59 males; 1,127 have been treated in twelve years, of which 501 were discharged recovered, 355 improved, 137 not improved, and 77 died. The 165 cases of the year are due to chronic alcoholism, 49, dementia, 10, hysteria, 3, mania, 48, melancholia, 30, opium habit, 17, paresis, 8. Of the 103 that recovered during the year, 50 were inmates less than a month, and 34 less than three. Of the year's patients, 32 were housewives, 24 merchants, 19 speculators, and 24 no employment. Kentucky furnished 51, Ohio 62, Indiana 10, and Tennessee 10.

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TO THE DELEGATES TO THE AMERICAN MEDICAL ASSOCIATION.—The rates given to the delegates to the American Medical Association meeting May 4th in St. Louis have been fixed by the different Railroad Committees of the country at one and one-third fares for the round-trip. Delegates must pay full fare coming, and will receive, on application, from the agent at the starting point, a certificate, which, when signed by the Chairman of the Local Committee of Arrangements, will entitle them to the reduced return rate.

No reduced return ticket will be issued unless the agent can show a certificate issued by the agent from whom he purchased the going ticket, and signed by the Chairman of the Committee of Arrangements.

LEGRAND ATWOOD,

*Chairman Committee of Arrangements.*

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A COMPATIBLE ANTISEPTIC.—Dr. Baxter, of Toronto, Canada, in referring to antiseptics, thus commends the compound listerine:

"The genial compatibility of listerine with so many standard reme-

dies of the *materia medica* gives it a very wide range of applicability in the treatment of that large class of cases benefitted, relieved and cured by the antiseptic treatment. It has served me well in gonorrhoea, catarrh, fistula in ano, and offensive discharges from the ear and uterus. It is the most elegant mouth wash I ever used, and for dental use must prove invaluable."

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PREVENTION BETTER THAN CURE.—"The cost of small-pox to the State of Tennessee during the past five years has been estimated by no less an authority than the State Board of Health to have been \$141,619 91."—*Scientific American*.

"Not a soldier in the Prussian army [has died of small-pox since 1875. This immunity is undoubtedly due to the strictness with which vaccination is enforced."—*National Druggist*.

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WELL MERITED.—Dr. D. G. Brinton, the well known editor of the *Medical and Surgical Reporter*, and the author of a number of popular medical works, has recently been made laureate of the *Societe Americaine de France* for 1885, and has been awarded the medal of the Society for his works on the aboriginal tongues of America.

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JUST SO.—The discovery has been made in Columbia of a shrub (*Medical Abstract*) which exudes a juice having so powerful an effect in arresting the flow of blood that large veins may be cut by a knife and smeared with it without causing hemorrhage. The plant is called "aliza" by the natives.

Very correct. A lie, sir!

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THE dogs which were bitten by the same dog which bit the Newark children have not become mad, and, therefore, a serious doubt exists whether the original "mad dog" was mad, and whether Pasteur's inoculations were of any use whatever.

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# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,  
DEVOTED TO MEDICINE AND SURGERY.

SUBSCRIPTION PRICE, ONE DOLLAR PER YEAR.

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Vol. 8.

NASHVILLE, MAY, 1886.

No. 5.

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FIFTY-THIRD ANNUAL MEETING OF THE TENNESSEE STATE MEDICAL SOCIETY.

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HELD AT MEMPHIS, TENN., APRIL 6TH AND 7TH, 1886.

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The Tennessee State Medical Society, met in its Fifty-Third Annual Meeting in the elegant rooms of the Young Men's Hebrew Association, corner Second and Union Streets, in Memphis, at 11 A. M., April 6th. About seventy-five physicians, members and applicants for membership being present. President Maddin having previously notified the Committee of Arrangements of his inability to be present, owing to the illness of a patient, the meeting was called to order by Dr. D. D. Saunders, of Memphis, Chairman of the Committee of Arrangements.

After prayer by the Rev. Davis Sessums, Dr. Ambrose Morrison, of Nashville was appointed Secretary *pro tem.*, pending the absence of the regular Secretary, Dr. Fite, of Knoxville.

Dr. J. E. Black, of Memphis, Second-Vice president then took the Chair and presided with marked ability, impartially, and becoming dignity throughout the entire meeting.

Dr. W. W. Taylor, on behalf of the Committee of Arrangements, then delivered the following address of welcome:

*"Gentlemen of the Medical Society of the State of Tennessee—*  
In behalf of the Committee of Arrangements, and the medical profession of this city, it is my pleasing duty to greet you, and extend you a cordial and hearty welcome. The citizens of Memphis recognize your visit as fraught with the highest importance, and that you have come to discuss questions vitally affecting their best interests. While well-established truths are made clearer, and old channels deepened by your annual meetings and discussions, all advances and new developments in the medical science, and, in fact, all problems that relate to the health and happiness of mankind are investigated and elucidated. The profession has just reason for self-congratulation. The medicine of to-day is not the medicine of the past. Reflect for a moment and call to mind the mighty events and changes that have taken place in the practical and scientific realms of the healing art. When that is done, we see the past few years luminous with achievement, and that our chosen calling has become of a truth the birth-right of the brightest scientific minds of to-day. In pathology, in the practice of medicine, in the physiology of the system, and especially in some departments of surgery, we can present a wonderful showing, and, emerging from the shadow of an unnatural obscurity that characterized the disciples of medicine in former days, we can to-day, stand erect before the public with a confidence born of achievements and manifold triumphs. Nowhere, perhaps, better than in this city can be more forcibly seen the happy results growing out of the advances made in one branch of our profession—that of sanitary medicine. The sanitary condition of this city has been so improved in late years, that now it will compare most favorably in general healthfulness with that of any city in the Union. The day of plague and pestilence has gone and been forgotten. Epidemics have ceased to billow Elmwood with the graves of its victims. The rose of health and the glow

of vigor and vitality animate the people. Our citizens are not unaware of the fact, that to this organization they are largely indebted for the lively public interest taken in sanitary matters in Tennessee. It was this society that first memorialized the Legislature in reference to the creation of a State Board of Health, from which grew and were established all local boards. Hence the improved sanitation of this city is the direct and legitimate outgrowth of the labors of this association, and for this, if for no other reason, the people of Memphis can give you a cordial welcome. Coming as you do as the representative men of your profession in different sections of the State, with the tenderest interest of our people at heart, your stay among us is a keen pleasure to us all, and while we have no cloud-capped mountains, nor grand natural scenery that characterize the middle and eastern portions of the State to show you, we can show you the commercial capital of the State at whose door passes the great Father of Waters, on the bosom of which move the commerce and traffic of the world. You can see here a city prosperous in every department; a net-work of railroads connecting with all the important marts of trade; all enterprises flourishing; new blocks one after another going up; foreign capital coming in; the best sewered city in the Union; citizens of enterprise, pluck and energy, and imbued with the alert spirit of the day; and nowhere, in all the rosy circuit of the hours, can lovely woman be found with more beauty, and all those charming graces that go to adorn humanity; and while Britain, proud mistress of the seas, has only one queen, Memphis can boast of a queen of hearts in almost every home. So literally true are all these statements, that Memphis now enjoys the proud distinction of being the leading city of the new Southwest."

"We bespeak for you a pleasant, harmonious and profitable meeting, and again extend you a cordial welcome—thrice welcome to our city, to our homes and to our hearts."

At the conclusion of Dr. Taylor's address, Judge Greer advanced and delivered the following address on behalf of the citizens of Memphis, in a most eloquent, graceful and scholarly manner;



*"Gentlemen of the State Medical Society—*As a citizen of Memphis I have been accorded the honor of welcoming you to our city. We welcome you on this your third meeting here, not alone because you are strangers within our gates and we as Southerners can never forget the duties of hospitality; we welcome you not alone because you belong to a profession which is among the oldest and most honored of callings, but also because you—since the dark days of 1878 and '79—are heroes. In the busy rush of to-day, in the hum of commerce, in the cheery building of a great city, in the life and movement all about you, there is little to call attention to the time when, in two short seasons, we dug 8,000 graves. In that solemn hour Memphis was a battle-field, and you were the warriors. Warriors who heard no inspiring shout to give you courage, who listened to no loud drum beat and bugle call; warriors who knew there was to be no glad home-going time when a grateful nation was to meet you with songs of triumph and joy; warriors who wore no laurel wreaths of victory, and whose greatest honor must be: "They did their duty." When men tell us that the heroic age has gone by, that the knight-errant is only a memory, that this is the century of selfishness, that the religion of Abou Ben Adhem was but a poet's dream, surely they speak in haste. Think of what a grand thing happened here, when hundreds of your calling—and that of the priesthood—with no other inspiration than love of fellow, with no other reward than a grateful memory of a few and the satisfaction of professional work well done, took your lives in your hands because, forsooth, you belonged to a profession which says: "Wherever thy fellow-man suffers there must thou be!" Your wives, children, fathers, mothers, and friends called you elsewhere just as they called others; your hearts were just as warm and tender in love for them as those others, but you and the priest alone trod these plague-stricken streets because you sublimely interpreted the duties of your callings to require it at your hands. Others worked with you—all honor to them—from noble motives, but it was for you two to remain on professional duty. Therefore I repeat, above most cities Memphis should most reverently, most royally, welcome you. We rejoice, too, in gatherings like

this, because we know that in the friction which comes from interchange of thought and comparison of experiment, there is inevitably an advancement in human knowledge. The Eastern idea, that in lonely meditation the philosopher is evolved, may be true. The poet and the inventor may, like the giants, be dwellers apart; but he who is to soothe his suffering fellow, to bind up his wounds and sometimes make him whole, must stand side by side. Out of these meetings, too, should come an elevation of professional standard. Belonging as I do to the law, this has naturally been a source of keen interest to me. Nothing human, of course, can ever be perfect, and so long as civilization lasts we will have the quack doctor and the shyster lawyer. But it lies within the power of any earnest body of men, who will act in concert, to reduce the number and the evil done by these sores on the body public. "Every man, his own doctor and lawyer," are cheap cries which flatter the vanity of many and mislead the credulous. We meet the gentleman very constantly who has listened to them. He is always prepared to tell you how your patient ought to be physicked, and to tell me of how my case should be conducted. He will never be suppressed, and, indeed, I am not prepared to say that he ought to be. We occasionally get valuable suggestions from him, and when we don't, we can afford to laugh rather than frown over his overweening self-confidence. I won't say, therefore, that we should banish the learned doctor who never got his diploma, or hang the able lawyer who was never licensed, but what I do say is, that it is a great wrong to permit the doors of either profession to be thrown open to *any* applicant, whether qualified or not. True, in the majority of instances the man who has not the capacity to be either a doctor or lawyer soon falls out of the race and does but little harm. But that *little* should be prevented, and inevitably there will remain after the stupid, but honest man has fallen out, the shrewd and, generally unscrupulous charlatan, who is gross enough to get himself trusted with human life and honor, and base enough to be indifferent or false to that trust. The remedy is, in a large measure, in our own hands. Legislatures are willing to listen to us when we ask that the law prohibit the incompetent practitioner. The courts stand ready—

or if not public sentiment does—to remove the exposed charlatan if we will only have the courage to make the demand. Of course, in a mere address of welcome I must content myself with the suggestion and leave the argument and details untouched. Your profession is too great a one to be burdened with this evil, and it ought to be righted. You seldom enter public life, it is true, but all citizens are interested in public needs. . . . It has been wisely said that he who causes two blades of grass to grow where formerly there was but one, is a public benefactor. It may be said, with greater wisdom, that he who has made one pain less for his fellow-man is a greater benefactor. This constant sight and contact with suffering, this ceaseless war with misery, this pushing away yet a little while the dreadful coming of death, the conqueror, is a strain so terrible that it is wonderful how your serenity and peace is retained. To be without keen sympathy for the agony you are called on to to relieve, would be to make you inhuman. To allow that sympathy to so master you that in sorrowful tears you stop to grieve, would be to destroy the physician. Meeting so much of weakness, knowing so much of secret sin, which your professional honor keeps concealed, if you did not also know so much of the heroic side of man, and learn so much of the self-sacrifice of woman, you must needs all be cynics. Humanity puts on little of playfulness or joyfulness in your presence, but almost always appears in extremes. 'Tis the naked man—the man as God made him—with whom you deal. This consciousness of human misery, which surrounds us like some great wall, over which there is no climbing, must appall you because you know it better than most of your fellows. No matter how happy may be your individual lives, this leaden atmosphere of a brother's pain weighs down upon you. To come day by day out of God's glad sunshine, away from your own cheery home circle, into yonder darkened, stifling sick-room, coming, too, at times with the thought that you can bring none of that sunshine, none of that cheeriness there, must be terrible. To stand by that bedside, where the breath is coming in such a heavy, labored effort; to take up the poor, feeble hand, which a few yesterdays ago was so strong to work out good deeds; to feel the ebbing

pulse, and know that the red tide which is now coming in so slowly must soon—so soon—go out forever, is to wear out a part of yourselves. You know, as you stand by that bedside, and feel the despairing, longing looks turned upon you, that your work here has been in vain. You, the man of mortality, must now give place to the man of immortality. 'Tis not for you to fold the tired hands which, whether they gathered roses or only thorns along life's highway, have forever finished working now. 'Tis not for you to console the broken-hearted living. The preacher must now take your place and point even as Agnes Wickfield—upward. Can you go back into the bright day without some of that darkness following you? Can you return to the cheery home without something of that awful hush and frozen silence falling about you? And yet the duty which called you there calls you away. Away, and often, thank God, to scenes where your coming does bring the sunshine, where you know that instead of being beaten by the King of Terrors, you are triumphant, and life is given back to your fellow. When the great Swiss doctor, Haller, came to die, as the darkness began to gather about him, his last act was to feel his own pulse, and his last words were: "The artery ceses to beat." The *physician* in the awful hour of his own passing away had conquered the *man*. And so, gentlemen, with you. There is never a time when you are men, but there are many times when you should remember that you are something more.

Once more, speaking for the whole of Memphis, most cordially, most gladly we bid you welcome.

On motion of Dr. Roberts, of Nashville the thanks of the society were tendered Judge Greer, and Dr. W. W. Taylor for their eloquent addresses, and copies were requested for the Committee on Publication.

On motion Drs. Briggs, Thornton, and Penn were appointed a Committee on Credentials.

Upon motion of Dr. Penn, Drs. Hyer, of Mississippi, and Sullivan, of Arkansas, who were present, were invited to take a seat in the convention, and participate in its proceedings.

Quite a number of names of gentlemen were submitted by the

Committee on Credentials, and they were elected to membership.

Dr. Saunders, stated that the absence of Dr. Maddin had seriously interfered with the arrangements of the Committee. It had been intended, understanding that the annual address of the President would be of a popular character, to assign it for 8 P. M., when many of the ladies and their attendant gallants of the Bluff city would be invited to meet with the society, whose evening proceedings would be interspersed with both vocal and instrumental music. But as the play could not go on without the Hamlet, he could offer them nothing but "hog and hominy" of earnest work, and for the evening there would be no sweets, no banquet, but an evening of earnest work. [Applause.]

Dr. T. J. Crofford offered the following, which, under the rules, lies over until next year :

*Resolved*, That this society will not consider the name of any person for membership who is not a graduate in medicine.

After the reading of the day's programme by Dr. Saunders, and the statement that there would be an afternoon and evening session, the society took a recess. until 2 P. M.

#### AFTERNOON SESSION.

The society was called to order at 2:30 P. M., by Vice-president J. E. Black, M.D., Dr. Ambrose Morrison, acting Secretary.

The Treasurer Dr. Deering J. Roberts, of Nashville submitted his report, with accompanying vouchers, which were submitted to an Auditing Committee, appointed by the presiding officer and consisting of Drs. J. B. W. Nowlin, T. K. Powell, and N. P. Raines.

Dr. J. L. Minor, of Memphis read a paper illustrated by large and lucid diagrams on Ectropion.

The Auditing Committee through its Chairman, Dr. J. B. W. Nowlin reported that the Treasurer's report and accompanying vouchers were correct.

The Treasurer, Dr. Roberts, stated that in the last Transactions, Dr. W. A. H. Coop, of Friendship, was reported as having

only made a partial payment of dues; this was an error, due to the Treasurer, who desired to tender to Dr. Coop his apologies.

Dr. A. P. Waterfield read a paper on "Alchol," and offered the following preamble and resolutions, which were adopted :

WHEREAS, The use of alcoholic liquors as a beverage, and the too frequent indiscriminate prescription of them by the medical profession, leads to very great harm to the physical constitution, the mental and moral worth of the Commonwealth, and to unspeakable injury to the happiness of our common community, therefore, be it

*Resolved by the Tennessee State Medical Society,* That we adopt the following extract of a paper from the transactions of the International Medical Congress at Philadelphia, read by Ezra M Hunt, A.M., M.D., viz.: "That if to-day no physician would advise any patient to the use of alcoholic drink, but would restrict it within the close limits of his particular prescription, the limitation would be in harmony with the present demands of therapeutic knowledge. It is not merely that the morals of society would get a glorious health lift, but the act would knock away the false prop which now upholds so many in the use of alcohol and relieve us of being accessory to the perverted habits of multitudes. If men and women will call it good because they like it, they must cease to quote the medical profession as authority until there is proof that it has some ascerained value as such. If they wish to use it under the plea of medicine and make self-prescription for their own gratification, they must not do it by our sanction. The facts as to food dismiss it as such. The facts as to medicine confine it within boundaries so narrow that we must, in fealty to real science and right practice, hold it closely within its limits. Wandering beyond these it must in no wise identify us with its vagaries. Because it finds a place in our therapeutics it behooves the medical profession to locate and define it; therefore, be it

*Resolved,* That alcohol is not shown to have a definite food value by any of the usual methods of chemical analysis or physical investigation; that its use as a medicine is chiefly that of a cordial stimulant, and often admits of substitution; that as a

medicine it is not well fitted for self-prescription by the laity, and the medical profession is not accountable for such administration or for the enormous evils arising therefrom; that the purity of alcoholic liquors is in general not as well assured as that of articles of medicine should be. The various mixtures when used as medicine should have definite and known composition, and should not be interchanged promiscuously.

Dr. Waterfield's paper was discussed by Drs. Saunders, Roane, Powell, Happel, Sims, and Heber Jones.

Dr. Roberts read an invitation, signed by J. W. Hill, President, and J. T. Park, Secretary, of the Knox County Medical Society, inviting the society to hold its next meeting at Knoxville.

Dr. G. C. Savage read a paper upon "The Practicability of the Rapid Administration of Ether," and exhibited an apparatus to facilitate the same.

Dr. Thad. Donohue, of Memphis, read a paper maintaining that "Consultation with practitioners of different schools was injurious to the profession;" discussed by Drs. Nunn, Williams, and Witherington.

Dr. Happel offered for adoption the following resolutions, passed recently by the Gibson County Medical Society:

*Resolved*, That the Medical Society of the State of Tennessee renew its effort to secure the adoption by the next Legislature of measures to regulate the practice of medicine and surgery in the State of Tennessee, and to this end, be it further

*Resolved*, That a committee of five be appointed by this society to memorialize the Legislature to that effect, and to use their influence where it will do most good to secure the enactment of some good law to accomplish the desired end.

After some discussion by Drs. Happel, Roberts, Wakefield, Cook, and Powell, all of whom were in favor of the resolutions except Dr. Roberts; the resolutions were adopted and a recess taken till 8 o'clock in the evening.

Quite a number of new members were elected to the society upon recommendation of the Committee on Credentials.

## EVENING SESSION.

The meeting was called to order at 8 P. M., by Vice-president J. E. Black, M.D.

Dr. R. B. Maury, of Memphis read a paper on Typho-Malarial Fever.

Dr. J. M. Taylor, of Corinth, Mississippi, President of the Mississippi State Medical Society, being present, was on motion invited to take a seat upon the stand.

Dr. Deering J. Roberts, of Nashville and Dr. T. J. Happel, of Dyersburg also read papers on Typho-Malarial Fever, in accordance with resolution adopted last year at Nashville, after which a discussion was called for on the papers, which discussion was opened by Dr. D. D. Saunders.

A telegram from President Plunket and Secretary Lindsley, of the State Board of Health at Nashville, was read, sending greeting to the State Medical Society, and asking for earnest and continued co-operation in the great work of making Tennessee renowned for health.

The discussion on typho-malarial fever was then again taken up by Dr. Heber Jones, of Memphis, Dr. Armstrong of the Marine Hospital, Dr. Hyer, of Holly Springs, Mississippi, Dr. Batte, and others.

The chairman made the following appointment as the committee to memorialize the Legislature on the subject of the law regulating the practice of medicine and surgery: Dr. F. L. Sims, of Memphis, Dr. Waterfield, Dr. N. D. Richardson, Dr. Thos. Menees, of Nashville, Dr. T. J. Happel, of Trenton.

Dr. D. D. Saunders offered the following resolution, which was adopted:

*Resolved*, That the Medical Society of the State of Tennessee indorse the effort now being made in the Congress of the United States to have a commission appointed to investigate and report on the experiments now being made in inoculation for the prevention of yellow fever. It is regarded as a scientific step in the right direction, and our representatives in Congress are requested to support the measure.



Dr. Powell, of Dancyville offered the following resolution, which was adopted :

Believing that the actions of the committee appointed at the meeting of the American Medical Association, held at New Orleans, to act in conjunction with a previous committee appointed by said association, at the meeting held in Washington City in 1884, for the purpose of inviting the International Medical Congress to hold its next meeting in America, year 1887, and to make arrangements for said meeting, have been prudent, dignified and impartial,

*Resolved*, That we, the members of the Medical Society of the State of Tennessee, heartily approve the actions of said committee and hereby request all delegates sent by this society to the American Medical Association at its next meeting, to be held in St. Louis, to sustain said association in its efforts to make the anticipated meeting of the International Congress a success.

Dr. Toombs, of Greenville, Mississippi, who was present, made a stirring address in favor of energetic action against quack practitioners.

The chairman of the Committee of Arrangements, Dr. Saunders, announced that the election of officers would be held on the next day at 3 P. M.

In the absence of Dr. J. W. Murfree, his very excellent paper on "Abdominal Pregnancy—Fœtus retained over fifty years," was read by Dr. G. W. Overall, of Memphis, and the specimen was exhibited. The paper was discussed by Drs. Roberts and Briggs.

Dr. Neil made a report of "three unusual cases in recent practice."

Dr. J. Berrien Lindsley entertained the society with some very interesting remarks upon Sanitary medicine.

The society then adjourned until 9 A. M., next day.

Thursday, April 7th, 1886.

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MORNING SESSION.

The society was called to order at 9 A. M., by Dr. J. E. Black, Vice-president, Dr. Ambrose Morrison acting Secretary. Prayer by Rev. R. H. Mahone, Pastor of Central Methodist Church.

Dr. W. C. Ransom, of the Marshall County Medical Society made a report in the case of Dr. R. J. Hoyle, who in accordance with the recommendation of the Judicial Council at the last meeting in Nashville, had been suspended for one year. (vid. Trans. 1885. p. 12, 13 and 29.) He stated that the Marshall County Medical Society were satisfied with Dr. Hoyle's conduct during the past year, and by resolution, recommended that he be reinstated.

Upon a vote of the society he was unanimously reinstated.

Dr. T. J. Crofford read a paper on Gynecology, with a report of several interesting cases.

Dr. T. R. Meux made a verbal report of an interesting case of injury to the eye, which on motion he was requested to write out and forward to Committee on Publication. It was discussed by Drs. Savage and Caldwell, with reports of similar injuries.

A case of Traumatic Aneurism was reported by Dr. J. T. Fawcett.

A paper was read by Dr. Deutsch on Puerperal Fever, and discussed by Drs. Erskine and Walker, with reports of case, and by Dr. Happel.

A communication from Dr. M. Campbell, Superintendent Insane Asylum for East Tennessee, inviting the society to meet in Knoxville, was received.

Dr. Crook offered a resolution that the Committee on Legislation have circulars printed and distributed, which was adopted.

Adjourned until 2 P. M.

## AFTERNOON SESSION.

Society called to order at 2 P. M., by Vice president, J. E. Black, M.D. Ambrose Morrison, acting Secretary.

Additional new members were elected.

Dr. A. G. Sinclair read a paper on Iritis, which was discussed by Drs. Caldwell and Savage.

Dr. Caldwell offered the following resolutions in regard to the death of Prof. Austin Flint, Sr., M.D., L.L.D., of New York, which were unanimously adopted and ordered spread upon the minutes:

WHEREAS, This society has learned with inexpressible regret and sincere sorrow of the death of that illustrious physician and Christian gentleman, Austin Flint, Sr., M.D., L.L.D., a man who devoted his splendid genius to the advancement and elevation of the profession; the Nestor of American medicine, who, though not a great bookmaker, yet has placed in the art preservative with his pen a monument more enduring than brass or marble. Not only did he endear the profession to him by his transcendent genius, but by his goodness of heart, and has left for us an example of untarnished honor. It is granted to but few men to live so long and to live so well, and die as he always desired, with his working harness on, at the post of duty; therefore, be it

*Resolved*, That the Medical Society of the State of Tennessee joins the profession of the civilized world, and the afflicted of all nations in expressions of unfeigned sorrow for this irreparable loss.

The hour for the election of officers having arrived Dr. Roberts nominated Dr. A. P. Waterfield for President; Dr. Thornton nominated Dr. W. T. Briggs.

Dr. Briggs was elected by a majority of 14, and was escorted to the chair and presided during the remainder of the meeting.

Dr. J. B. W. Nowlin was nominated for first Vice-president, and unanimously elected.

Dr. J. W. Penn was nominated and unanimously elected second Vice-president.

There being no member present from East Tennessee, no

farther nominations for Vice-president were made, and Dr. G. W. Drake, of Chattanooga holds over until a successor can be elected.

Dr. Roberts nominated Ambrose Morrison, of Nashville, for Secretary, and he was unanimously elected.

Dr. Roberts was elected Treasurer against his protest. After the election, he tendered his resignation, which was accepted, and Dr. Richard Cheatham was elected Treasurer.

Dr. J. D. Minor read a paper on the subject of "Eye affections due to Malaria," which was discussed by Dr. Purdon.

Dr. Armstrong, of the M. H. S., read a paper on Intussusception.

A paper by Dr. J. W. Maddin, Jr., on Supra-pubic Aspiration, was read by title and referred to Committee on Publication.

The following votes of thanks were unanimously adopted :

Dr. Roberts, thanks to the Vice-president, Dr. J. E. Black, and the acting Secretary, Dr. Ambrose Morrison for the faithful discharge of duty.

Dr. J. Berrein Lindsley, thanks to the daily papers of Memphis for full and correct reports of [the session, and other courtesies.

By Dr. T. [K. Powell, thanks to the former Treasurer, Dr. Roberts for long and faithful service.

By Dr. [Roberts, thanks to the N., C. & St. L., E. T. Va. & Ga., M. & C., L. & N. system of Railroads, and other Railroads, and hotels of Memphis for reduced rates to delegates and members, and uniform courtesies extended.

The following resolution by Dr. Happel was adopted :

*Resolved*, That the Committee on Arrangements to be appointed to get up a programme for the next meeting of this society to be held in Nashville in 1887, are hereby requested to imitate the example set by the same committee at this meeting, in having no banquets, nor anything to divert the attention of the society from the transaction of the business for which it met. (The Nashville members voting in the negative).

Nashville was selected as the next place of meeting, and the time was fixed by resolution for the 2nd Tuesday in April 1887.

The society then adjourned

The following is a list of the delegates to the American Medical Association received from the Secretary of the society just before our form goes to press: Dr. R. B. Maury, Dr. F. L. Sim, Dr. G. B. Thornton, Dr. D. D. Saunders, Dr. J. E. Black, Dr. S. F. Armstrong, Dr. W. W. Taylor, Dr. J. L. Minor, Memphis; Dr. T. K. Powell, Dancyville; Dr. G. B. Gillespie, ———; Dr. J. Berrien Lindsey, Dr. Chas. Mitchell, Dr. W. G. Ewing, J. W. Maddin, Sr., Dr. J. D. Plunkett, Dr. A. Morrison, Dr. C. S. Briggs, Dr. J. A. Draughon, Dr. Duncan Eve Dr. J. B. W. Nowlin, Dr. Deering J. Roberts, and Dr. W. L. Nichol, Nashville; Dr. J. T. Happel, Trenton; Dr. J. A. Crook, ———

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## *Clinical Reports.*

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### TRAUMATIC CATARACT.

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BY

CLIFTON S. MORSE, M.D., OF COLUMBUS, OHIO.

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By traumatic cataract is meant those forms of opacity of the lens, its capsule, or both, which occur as the result of injury. This injury may result from a piece of gun-cap or bit of metal being driven through the cornea and lens. It may be imbedded at any point in the lens or its capsule, or may be projected with sufficient force to pass entirely through the lens into the vitreous humor or retina. Traumatic cataract may also result from a severe blow received upon the eyeball, causing generally, in this case, rupture of the capsule at the periphery. In case the lens is wounded, I find the changes affecting its transparency begin, in the majority of cases, at once, and total opacity is reached in a very few days. This change was noticeably rapid in young per-

sons and children; being less rapid in middle-aged and old persons.

In the majority of cases the foreign body lodged in the lens, and attendant inflammation was frequently very severe. Iridocyclitis, as well as choroiditis, was an occasional complication, and iritis was frequently present. I do not think these complications result very often from the lens lesion alone, but rather from the laceration of the cornea or iris. Synechia, both anterior and posterior, was unfortunately a very frequent visitor, and iritis plastica closed the pupil in a few instances. A staphyloma cornea, from extensive sloughing and thinning of the cornea, together with + T., was relieved by an iridectomy. In one instance a blood clot filled the entire anterior chamber, and effectually hindered an ophthalmoscopic examination for several months. At the end of about five months the effusion had been sufficiently resorbed to make an examination of the deeper parts of the eye possible.

I shall submit a few cases, and hope they will prove of sufficient interest to justify the space occupied.

*Case I.*—F. Y., aged 18, machinist, while working in metal, a small piece of steel was driven into his right eye with considerable force. When he reported at my office, some eight hours after the accident, vision in the injured eye was very much impaired. Left eye normal; vision 5-5. Upon examination, I found a clean, incised wound of the cornea, near the outer sclero-corneal margin, extending downward and inward about 2 mm. A similar wound in the iris indicated that I must search for the foreign body in or beyond the lens. Under atropine, the iris dilated slowly and imperfectly, yet enough for ophthalmoscopic purposes. The offending steel was discovered deeply imbedded in the lens very near, if not against, the posterior capsule, and evidently ranged backward and inward. In this case the foreign body did not rest directly behind the corneal wound. The aqueous was a trifle turbid, yet the fundus was easily distinguished. Throughout the progress of this case the inflammatory symptoms were of the very mildest sort, amounting, I believe, to little more than active discomfort at any time. In five days,

however, the lens was completely clouded; so much so, in fact, that no trace of real reflex could be obtained with the ophthalmoscope. There was + T. most of the time. Vision in left eye one year afterward was normal; vision in the right eye is, of course, totally lost. No operation has been performed.

*Case II.*—M. H. H., engineer, aged about 32; injury of left eye. Did not see the case until the sixth or seventh day after the accident. A piece of brass was supposed to have been driven into the eye. I found the organ so very badly inflamed, together with so much photophobia, that the ophthalmoscopic examination was far from being satisfactory. Pupil irregular and contracted; anterior synechia already present. The iris must have prolapsed at once into the very extensive corneal wound. Here I found the lens had, apparently, already become totally opaque. Vision in right eye somewhat affected. Instillation of a strong solution of atropine (4 gr. to 3j) failed to break up the attachments. In about three or four weeks the eye had improved very much, and in the right eye vision was 5-5. At this time, by the use of homatropine (hydrobromic), I found a clear place in the lens, beginning at the inner and upper periphery and extending toward the center some 1.5 mm. This, in view of the fact that there was still increased tension, made me decide to operate at once. A broad iridectomy was made, as nearly as possible, over the clear portion of the lens, at which time the slender bands forming the anterior synechia were divided. Very little inflammatory action followed, and the result was quite satisfactory to the patient. In this case the wound to the capsule must have been very extensive, which, by the rolling up of the incised membrane, exposed a large surface of the lens substance to the action of the aqueous and vitreous humors. Why the process stopped short of complete lenticular opacity, I am unable to say.

*Case III.*—E. H., farmer, aged near 30. I was called in consultation on the eighth day after injury. He had been struck violently in the eye by some unknown substance thrown from a threshing machine near which he was at work. The cornea was widely cut and badly bruised. I found no indications of a foreign body having passed into even the anterior chamber. I feel

sure, in fact, that the projectile did not cut through the membrane of Descemet. He was suffering very severely from acute irido-cyclitis, and here also the lens was well advanced toward complete opacity. Under the use of atropine—which had not been used before—the fact of the existence of a posterior synechia was developed. The ophthalmoscope gave a very faint red reflex. Saw this case ten weeks later at my office. Cataract was then complete. Posterior synechia no worse than when I first saw it. The inflammatory action had about subsided, leaving, however, an annular staphyloma. The eye was at this time still very painful, and vision in the other eye was not normal. Two week later vision in the uninjured eye being still worse, I performed optico-ciliary neurectomy with entire success. At present, five months after, the eye is free from pain, the annular staphyloma has faded to a mere trace, and vision in the good eye is normal.

I have thirteen other cases before me, wherein is recorded the fact of the lens becoming totally opaque in from five to seventeen days. In some of these there was no wound of the cornea, the injury to the lens resulting entirely from shock. In these cases I use instillations of atropine or eserine, as the first indication, in order to keep the iris out of trouble. As the wound is generally deep, the atropine is called into use the most frequently to prevent posterior synechia, and not that I think atropine capable of lessening intra-ocular tension. According to the best authority, it is claimed that atropine does not lessen intra-ocular tension as it was once supposed to do; but, on the contrary, the intra-ocular tension in the vitreous is increased by its use. It has the faculty, however, of diminishing intra-vascular tension by paralyzing the muscular coats of the vessels. Eserine has been proved to be capable of lessening very materially the persistent high intra-ocular tension in glaucoma. If our general practitioners were a trifle more persistent in their use of atropine and eserine, there would be a deal of troublesome synechia prevented. And why they allow themselves to be so helpless in this matter is a question that sorely puzzles me. It is not expected that the general practitioner shall enter into the difficult part of eye prac-



tice, yet he should by all means be ready with a little knowledge on this important subject for cases of emergency. A little proper aid at the outset has saved many an eye, where neglect would have placed it beyond the reach of all the oculists in Christendom.

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## PLACENTA PRÆVIA.

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BY

J. W. GRACE, M.D., OF GRACE, JOHNSON COUNTY, ARK.

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EDITORS SOUTHERN PRACTITIONER — GENTLEMEN: Please give me space in your valuable journal to mention a case of placenta prævia which came under my observation recently.

On the 2d of February, 1886, I was called to see Mrs. N., æt. 39, who had previously given birth to six children. When I arrived I found a slight hæmorrhage, with little or no pain. She informed me that she had passed several clots the size of a hen's egg. On examination, I found the os dilated only sufficient to admit the end of the index-finger. After a careful examination, I informed her husband that I feared trouble in the wind up, as I believed it to be a case of placenta prævia. The hæmorrhage ceasing, and no pains troubling her, I left, giving directions for Mr. N. to let me know immediately if there appeared the slightest hæmorrhage or pain. She remained quiet and rested well until the evening of the 15th of February, when she was again attacked with slight pains and considerable hæmorrhage, and I was immediately called. On arriving I found my first suspicions to be correct; and upon examination I found that it was a vertex presentation of the first position.

It may be proper here to state the exact location of the placenta, it being attached to the left side of the neck, completely covering the os when undilated, but when dilated to the size of a half-dollar, I could pass my finger by the placenta to the right. All accoucheurs are aware of the difficulties that may occur during the process of turning and delivering. Being loth to give up the advantages of a natural presentation, and seeing tha

there was no time to be lost, on account of the hæmorrhage which was now very alarming, I thought I would try the following measure (knowing that the womb could not, with the child, placenta, and amniotic fluid, hold blood enough to destroy life, especially if it was kept firmly contracted): I first introduced a tampon, consisting of cotton rags well oiled, into the vagina, completely filling it. I then gave a teaspoonful of fluid extract of ergot. I also saturated a handkerchief with chloroform and let her inhale it while a pain was on, taking it away when the pain was off, and applying it again when the pain returned, so as to have her partially anæsthetised by the time the ergot began to have its effect, thereby thoroughly relaxing the system, so that there was no danger of rupture. The result was that within forty-five minutes from the time I gave the ergot she was delivered of tampon, placenta, and child, and afterward did well and made a quick recovery.

What I am after by contributing the above, is to know whether it would be as safe as the old method of turning and delivering. If it is as safe, I would much prefer it, as the method of turning and delivering was always complicated with difficulties with me.

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## OTALGIA.

BY

J. B. CHISHOLM, M.D., ORLINDA, TENN.

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EDITORS SOUTHERN PRACTITIONER—GENTLEMEN: My attention having been called to a case of otalgia of purely reflex, neurotic origin, I herewith, with your permission, assume the liberty of giving to your readers the somewhat unusual details of the case, with its attendant circumstances.

The subject, in this instance, is a boy, aged eleven years, of a well-defined and delicately sensitive nervous organization—a well-marked exemplification of the nervous temperament. He is of delicate build, exceedingly quick in comprehension, and, as

might be expected, suffers intense anguish during his attacks of otalgia, to which he has been accustomed since early childhood. These attacks are ushered in by acute pain in the ear, constantly augmenting in severity until the climax is attained, when the anguish of the child is revealed in every lineament of the countenance, and vents itself in cries and groans. The climax is preceded and accompanied by an active febrile movement, after which there is a gradual cessation of pain and subsidence of symptoms. The pathology of this case seems to consist in marked hyperæsthesia, reflected from a disordered stomach as the focus of irritation. There seems to be no organic lesion of the structures about the ear, no otitis or otorrhœa, properly so called, and, moreover, these attacks never supervene unless upon an impaired state of the digestive organs, but are not infrequent when the integrity of the digestive system is not perfectly maintained. If the habitual tendency to indigestion inherited by the child from its mother could be aborted, I feel satisfied the otalgia would be of rare occurrence; and impressed with this idea, I directed the use of Lactopeptine when the digestive function became impaired, and a rigorous out-door hygiene for the child, thus endeavoring to foster general physical vigor, and to restrain a highly sensitive nervous organization to which the child has been a helpless victim since the dawn of its existence. The satisfactory results following the maintenance of the integrity of digestion by the means suggested, together with the unsatisfactory results of local palliatives, confirm me in the diagnosis expressed above—viz., that this is a case of otalgia, due to hyperæsthesia of the tympanic plexus of nerves, reflected from a depraved stomach as the focus of irritation, and unaccompanied by any local inflammation or organic lesion of the aural structures.

## Selections.

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**MANAGEMENT OF BREECH PRESENTATIONS.**—At a recent meeting of the New York Academy of Medicine Dr. Robert A. Murray read a paper with the above title (*New York Medical Journal*, March 13, 1886), which deals principally with the measures necessary to be taken to deliver in breech cases and to diminish the percentage of mortality. The importance of an effort in this direction was apparent from the fact that the statistics quoted from authorities gave a mortality in breech presentations of about one in eight and half cases. Among the causes of this class of presentations were a contracted pelvis, an excessive amount of liquor amnii, violent movements, and a peculiar formation of the lower segment of the uterus. It was also remarkable what a large proportion of the cases occurred in premature labor and multiple pregnancy. The statistics of Simpson went to show how frequently, the child being dead, the loss of tonicity of the spine and the presence of flaccidity in the tissues caused malpresentations; those tables demonstrated that there was a tendency after the sixth month of pregnancy for the head to present.

In a case of breech presentation in which the mother's pelvis was of full size and regular form, and the child of moderate proportions, labor would probably be accomplished without particular difficulty, and the obstetrician had only to wait. If, however, the indications were that the labor would be difficult, if the pelvic cavity was not roomy, or the child of large proportions, version, if it was to be performed, should be done early, before the rupture of the bag of waters. If the case was allowed to progress, no obstruction being met with, the critical moment for the child would be just after the birth of the trunk and lower extremities, for now the cord was in danger of becoming compressed between the unyielding head and the pelvic wall. The cord should be pulled down and placed next the sacro-iliac

synchondrosis by the side of the child's head, where it would be least likely to become compressed. The contractions of the uterus might be followed up by the hand, and flexion of the head might be aided by raising the trunk of the child. But in cases in which the limbs were extended upward over the front of the child, so that the toes were near the face, the breech was not nearly so large as the child's head, and, being readily moulded, entered the pelvic cavity; the entire foetus then presented, as Barnes had well described, the form of a wedge with the base upward. Now, if traction was made up by means of hooks, fillet, or forceps, and unsuccessfully, as it was likely to be, the apex would be dragged into the pelvis, and, the cavity becoming more tightly filled, compression of the cord would be increased, and the uterus rendered more irritable, and here the only measure for the safety of the mother and child was to bring down a foot. The use of the blunt hook to do this was difficult, as it was apt to slip and injure the soft parts or cause fracture of the thigh; consequently, if the child was living, it should not be resorted to. The fillet, if it could be guided over the limb, might cut the tissues or prove too weak to overcome the difficulty. The obstetric forceps had been recommended in these cases, but it was condemned by most authorities. It was only adapted for use on the head. The performance of cephalic version, as recommended by Spiegelberg, would be possible only before rupture of the bag of waters and before the breech became wedged.

The clear indication in such a case was to break up or decompose the obstructing wedge, which was to be done by bringing down one foot. The position of the breech in relation to the pelvis having been determined by ordinary diagnostic points, the hand was to be passed in front of the breech where the foot lay, and one foot seized by the instep and brought down; then the breech would probably soon descend. The cord would be better protected than if both feet were brought down. The foot nearest the pubes was most easily drawn down. If the case was not otherwise complicated, the labor would now go on naturally. If the breech filled the brim, or was forced into the pelvic cavity, little space would be left for the operator's hand, and under these

circumstances the hand would have to be passed up to the fundus uteri in order to grasp the foot. That hand should be introduced whose palm would touch the abdomen of the child when introduced. When the foot was reached, preferably the anterior one, it was to be seized by the instep and drawn down out of the vulva. It was essential to get hold of the foot; taking hold of the knee, or hooking the thigh in the groin, would be of no use. During the operation the uterus should be supported by the other hand or by an assistant. If inertia uteri should now exist, we should still have attained, by our hold on the foot, security for further progress.

The operation of extraction by the breech might be divided into: 1. Drawing the trunk through the pelvis; 2. Liberation of the arms; 3. Extraction of the head. Traction on the leg should be carefully made, in drawing the trunk down, coincidently with the pains. The trunk should be drawn downward and backward in the axis of the brim, external pressure being made by an assistant, the traction being kept up until the breech was fairly in the pelvic cavity. After the extraction of the breech, the cord should be carefully looked after. Liberation of the arms might become necessary if the pelvis was at all contracted, or if traction upon the trunk had been too rapid, or had not been accompanied by external pressure on the uterus.

The head being at the brim, Smellie's method might be employed in the manner recommended by Schröder, or the method of Scanzoni. In all cases of breech presentation the forceps should be at hand ready for application to the head if it should be necessary. Particular care should be taken during its introduction not to lacerate the cervix. Passing a catheter up into the mouth of the child at this stage would frequently save life.

The subject of the management of breech presentations had been brought to the author's mind forcibly during the past year from the number of cases which he had seen in consultation, in nearly all of which he had found difficulty arising from flexion of the legs on the abdomen, diminishing the size of the breech to a certain extent, and at the same time forming a wedge that became more tightly impacted as the child descended. In all of

these cases unsuccessful efforts had been made to extract before he was called, and he was impressed with the advantage of introducing the hand and bringing down the foot over other methods, such as the use of the forceps, the blunt hook, the fillet, etc.

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**THE "DRY TREATMENT" FOR UTERINE DISORDERS.**—In a paper read before the St. Louis Obstetrical and Gynæcological Society, Dr. George J. Engelmann brings forward what he terms a new departure in uterine therapeutics. Preliminary to a description of his own methods, Dr. Engelmann gives an interesting sketch, showing the national peculiarities of gynæcologists, so far as topical therapeutics is concerned. "In Germany," he says, for instance, "at one time the washing of cervix and vagina with strong solutions was an almost universal practice; in many clinics it was customary, whether other treatment was applied or not, to wash cervix and vagina with strong solutions of sulphate of copper, or carbolic acid, through the Ferguson speculum. In France—I am only speaking of the methods which are not used here—they use the cautery, and medicated supports to the uterus; the thermo-cautery also is a specialty in French gynæcology; a common usage is to apply a remedy in a small semi-circular bag made of muslin or mosquito-bar, which at the same times serves as a support for the uterus. This country is peculiar in its use of nitrate of silver and iodine, though in England it is used in a similar way, but by no means as freely and commonly as here."

Dr. Engelmann's new departure consists essentially in the use of medicated absorbent cottons, with or without the addition of a powder-blower or gelatin pencils. The medicated tampons have the advantage, we are told, of giving support to the uterus, of acting continuously and evenly, and of being cleanly. The tampons may also be made of jute, and perhaps the best combination is a medicated jute tampon covered with a layer of the softer cotton. The powders used are those of alum, bismuth, tannin, salicylic acid, iodoform, and zinc. Next after these in value are the gelatin or iodoform pencils. The cotton or jute used is med-

icated with iron, boracic acid, alum, tannin, iodine, and other substances.

By the use of the powders, or pencils, and tampons, in endocervicitis, erosions, and other chronic uterine troubles, the profuse discharge is often checked very promptly, and a healing process set in action. Dr. Engelmann does not recommend the glycerin tampons, which are considerably used in New York. His "new treatment," though a good one, is not, we venture to say, very new; something very much like it—i. e., the use of powder and cotton tampons—was, we believe, at one time quite the routine practice in Vienna. In New York, also, cotton tampons medicated with alum and other powders have been used for six or more years.—*Medical Record*.

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DEVELOPMENT OF THE HUMAN BODY.—During the International Medical Conference held at Copenhagen, the Rev. Malling Hansen, Principal of the Danish Institution for the Deaf and Dumb, presented a paper which attracted considerable interest. It gave the daily results of weighing and measuring the 130 pupils (72 boys and 58 girls) of the institution during a period of three years. The facts demonstrated by these statistics were quite a surprise to the medical people in attendance. Since this preliminary notice, given in the summer of 1884, Mr. Hansen has continued his observations, and now believes himself able to furnish some outline of bodily development. Each child was weighed four times a day—in the morning, before dinner, after dinner, and in the evening; and was measured once. These daily records show that, contrary to general opinion, the increase in weight and height of the human body during the years of growth does not progress evenly throughout the year. Three distinct periods were observed, and smaller variations were noticeable within these divisions. In bulk, the period of maximum increase extends from August to December. A period of equipoise then succeeds until the middle of April, and the following minimum period completes the year. The lasting increase in weight occurs during the first period; the period of equipoise adds about



one-fourth of that increase, but this is almost entirely spent during the last period.

The increase in height shows a similar division into periods, but in a reverse order. In September and October, a child grows only a fifth of what it did in June and July. Thus in the autumn and early winter a child increases in weight, while the height remains stationary. In the early summer, on the contrary, the weight changes but little, while the vital force and nourishment are directed toward an increase in height. This periodicity in the development of the body marks a strong similarity to plant development, and it is quite probable that further investigations will show another likeness in the fact that these results are good only for the latitude in which they were obtained. In a climate less variable than that of Denmark, it is highly probable that the periods would be less marked, and in an even temperature would cease to be distinguished.—*Scientific American*.

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**EXPERIMENTAL TRANSFUSION.**—It is now generally recognized that many of the conditions in which the operation of transfusion of blood has been regarded as essential may be successfully treated in other ways. Thus it is admitted that the collapse following severe hæmorrhage is due not to the loss of blood *per se*, but to a purely quantitative loss of fluid vascular contents—a loss which may be supplied by the intravenous injection of salt solution. Nevertheless, in spite of its dangers, occasions arise in which transfusion is indicated, and in view of the growing disfavor with which the operation is now regarded, much interest attaches to some recent experiments of Bizzozero and Sanquirico, recorded in the ninth volume of the *Arch. per le Scienze Med.*

In the dogs which were the subjects of these experiments both the numerical proportion of the red corpuscles and the percentage of hæmoglobin were first ascertained. Blood in varying amounts was then withdrawn, and an equal quantity of defibrinated dog's blood transfused by the jugular vein. In periods of from fifteen minutes to eighteen days the blood of animals thus operated upon was investigated, and the results compared with

those of the preliminary examination. In a second series of experiments one-half of the total blood of the animals was withdrawn, defibrinated, filtered through linen, and returned to the veins of the animals from which it was taken. This procedure was ten times repeated, so that each corpuscle of the animal was subjected approximately five times to this rough handling. Before and after this series of experiments the same close examination of the quantitative relations of corpuscles and hæmoglobin was instituted, with the result of showing that in no case, in either series, was a noteworthy effect produced.

These observations lead to the conclusion that not only is the red corpuscle remarkably resistant to rough treatment, but that the transfusion of the defibrinated blood of animals of the same species is not injurious.—*Medical News*.

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THE RELATION OF THE EXPERIMENTAL METHOD TO PRACTICAL MEDICINE.—We have seen in times past, and are constantly realizing in daily practice, the beneficial results of certain phases of experimental work. On the other hand, one can hardly turn over the leaves of a medical journal without encountering instances of a peculiar style of research which, on the very face of it, is utterly devoid of the slightest vestige of intrinsic worth. The nebular speculations of some departments of cerebral anatomy afford plentiful examples of this unfruitful delving of the imagination. In contradistinction to the champions of that which, without the least intention of being disrespectful, we shall designate as the speculative method, we have another class of workers who hold fast to facts alone. Sometimes, it is true, they are obliged to seek these very facts in a labyrinth of uncertainty; but, whether reasoning from what has already been ascertained, or making quest after material for the construction of new premises, there is sense in their endeavors.

Whatever may be said of the worth of purely anatomical and pathological studies, it must not be forgotten that such value is more abstract than concrete, more negative than positive. It is doubtless of use to an individual to exhibit to him his limita-

tions; this is the chief delight of the pessimist; still the optimist who displays the active possibilities of humanity is, on the whole, more useful. Pathological anatomy is the pessimistic spokesman, while induction is the optimistic prophet of medicine. If we are to advance rapidly along the road of practical achievement through the agency of the laboratory, we must master the laws of induction; we must be more lucid; we must be more direct; we must be more American.—*New York Medical Journal*.

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**DIPHTHERIA AND MANURE-HEAPS.**—As there seems to be some danger that a certain individual may succeed in his endeavor to procure legislation that will throw the ægis of the law over his manure-heaps in the city of New York, it will not be amiss to call attention to one of the special dangers arising from accumulations of manure, namely, the prevalence of diphtheria among persons living in their vicinity. In a recent issue of the *British Medical Journal*, Dr. W. E. Steavenson, of London, having had his attention directed to the fact that a writer in *Lyon Medical*, M. Ferraud, traces some relation between manure-heaps and epidemics of diphtheria, recalls the circumstance that, when resident at the Children's Hospital, he was struck with the frequency with which children with diphtheria were brought in from the mews. In those cases the families occupied the rooms over the stables. So noticeable was the connection, he says, that he mentioned the point in a paper on diphtheria, published in the *Medical Times and Gazette* in February, 1883. Not only did the children suffer from diphtheria, but there was reason to believe that the dogs and cats that frequented the mews also suffered in the same way, although this suspicion was not confirmed by autopsies, as it was impossible to obtain the bodies of the animals that died with throat affections. Some districts of London were entirely free from diphtheria, while others afforded numerous examples of the disease, and Dr. Steavenson thinks it would be interesting to know whether the localities of immunity were deficient in mews and manure-heaps.

There is much that is uncertain in our knowledge of the chan-

nels by which infection is conveyed, but surely it may be said of the suggestion of a connection between localized outbreaks of diphtheria and accumulations of manure that it rests on a basis quite substantial enough to justify the Legislature in refusing to endanger the public health by allowing an individual to submit the question to the test of perpetual experiment.—*New York Medical Journal*.

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**EXPERIMENTAL YELLOW FEVER.**—Dr. Carlos Finlay, of Havana, has published the results of several experiments he has made on the inoculability of yellow fever. He performed the operation, or rather got it performed for him by mosquitos, which he caused first to sting a patient suffering from yellow fever, and shortly afterward a healthy person who was to be (with his own consent, of course) the subject of the experiment. He found that the disease was only inoculable from the third to the sixth day. When two mosquitoes were employed, so that a double dose was given, the symptoms of the experimental disease were somewhat more severe than when only a single mosquito was used. Of eleven cases of inoculation, six were efficacious, one doubtful, and four negative. The period of incubation varied from five to fourteen days; the symptoms consisted of headache, pyrexia, injection, with sometimes an icteric tint of the conjunctiva, and in some cases albuminuria. The fever lasted, as in the ordinary form, from five to twenty-one days. The author believes that this method of producing artificial yellow fever will ultimately be found very valuable as a prophylactic against the natural and dangerous form of the disease.—*Lancet*.

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**KING GEORGE'S REMEDIES.**—"Reminiscences of the Court and Times of King Ernest of Hanover" have just been published, and are very interesting reading. They contain many surprising and characteristic stories of the crafty old king when he lived in England. When the physic arrived that the doctors had prescribed for him, he invariably said, "Put it in the cupboard."

"Put it in the cupboard;" and again and again it was, "Put it in the cupboard." Not one drop was touched. Starving and patience were the only remedies resorted to. At last His Majesty got his good turn, and began to feel he could eat again with a relish; and by degrees nature flung off the disorder, whatever it was, which had run its course. His Majesty was up and dressed early, and at business. "Get all those bottles, powders, and pill-boxes out of the cupboard," he said, "and range them in a row round the room." It was a very small room, and they almost made a circle round the walls. The doctors came in smirking and smiling, and congratulated the king upon being up again and looking so well. "Yes, doctors," said His Majesty, "thank God, it is so. But look there—count it up; don't you think if I had taken all that d—d stuff I should have been dead long ago?"  
—*Medical World.*

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PRIORITY IN SCIENTIFIC DISCOVERY.—We are constantly reminded, in contemplating the history of medicine in this country, that there are many persons in the profession who are still in ignorance as to what really does constitute a valid title to priority in scientific discovery. Now, for the benefit of such persons, we would observe that, just as the Patent Office in affairs secular confers an inalienable right to the proprietorship of an invention, so in affairs professional the prior publication in a reputable scientific journal of a discovery or improvement entitles the publisher of such article, according to the universal usage of civilized nations, to full and absolute priority. Only among savages and barbarians can the credit be denied such a person without exciting the contempt of the community.—*N. Y. Med. Journal.*

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THE ADDRESS IN MEDICINE BEFORE THE BRITISH MEDICAL ASSOCIATION.—It is announced that Dr. J. S. Billings, U. S. A., has been selected to deliver the Address in Medicine before the next meeting of the British Medical Association, in place of the late Prof. Austin Flint. The well-known ability of Dr. Billings, and his familiarity with general medical literature, makes the selection one eminently proper.



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These Works also manufacture Prof. Horsford's baking preparations, which are made of acid phosphate in powdered form. These preparations restore the nutritious elements that are taken from the flour in bolting. No other baking powder, or any thing else used for raising bread, does this.

The use of these preparations is positively beneficial to health.

The Horsford Almanac and Cook Book sent free.

# THE Best Infant Food

IS THAT WHICH IS THE NEAREST LIKE MOTHER'S MILK.

---

Mother's milk contains no starch.

Mother's milk contains no cane sugar.

Mother's milk contains no malt sugar.

Therefore, infant foods which contain these present to the infant substances which are foreign to its natural food, and which are unsuited to the physiology of infant digestion.

Normal human milk is persistently alkaline; this alkaline reaction is due to the presence of peculiar mineral and saline constituents which differ materially from those of cow's milk, which is slightly acid in reaction.

It is impossible to imitate this peculiar reaction of normal mother's milk by the use of soda, or potassa bicarbonate, or lime water.

Nor do these alkalies adequately represent the saline and mineral constituents of human milk, which are such important elements in the nutrition of the infant, being vitally necessary to the development of its osseous system.

The caseine of cow's milk differs radically in character from the albuminoids of human milk.

Not one of the Farinaceous, Malt, Liebig, or Condensed Milk Foods, contain any principle capable of acting upon caseine or digesting it, or in any way converting it into the peptone-like form in which the albuminoids exist in human milk.

Peptogenic Milk Powder yields a "Humanized Milk" which, in taste, physical characters and chemical constitution approaches very closely to woman's milk.

1. Because it contains milk-sugar, and no other sugar and no starch.

2. Because it contains the digestive ferment trypsin, which converts caseine into peptone.

3. Because it contains those various organic combinations of Phosphates, Chlorides, Potassium, Lime, Iron, Magnesium and Sodium which are always normally present in woman's milk.

4. Because it gives the alkaline reaction characteristic of human milk, due to these saline and mineral constituents.

A candid consideration of these facts must inevitably lead to the conclusion formed by Dr. Albert R. Leeds, viz.: "that the Peptogenic Milk Powder yields an artificial human milk which in every particular more closely resembles average normal mother's milk than that obtained by any other product or process known." Respectfully submitted,

**FAIRCHILD BROS & FOSTER,**  
52 and 54 Fulton Street, New York.

## *Reviews and Book Notices.*

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A MANUAL OF THE DISEASES OF THE SKIN. By BALMAMNO SQUIRE, M.B., London. Surgeon to the British Hospital for Diseases of the Skin, London, England. 16 mo. pp. 194. A. N. Marquis, & Co., Clark and Adams Sts., Chicago. 1886.

"My design has been to supply a text-book of such moderate dimensions as would enable it either to serve as a handy-book for clinical use, or to answer the requirements of those who, engaged in practice, might wish to acquire a systematic knowledge of the subject. While therefore, I have aimed at giving a full account of such diseases of the skin as occur in English practice, I have purposely omitted all mention of diseases that are foreign to this country."—*Author's Preface.*

With the true and permanent advancement of this branch of medicine for his motive, Mr. Squire has produced an embodiment of the existing knowledge of his subject that will long remain a useful tribute to his talent.

His unselfish adaptation of the classification of Willan, and his patient attention to the details of points of diagnostic moment, show a consideration of the true interests of science that has won our regard almost like a personal kindness. It is this spirit, aided by a capacity for original observation, that has awarded rational medicine her most signal triumphs. This laudable aim and its happy attainment will not fail, we are sure, to secure for this book a degree of favor with American practitioners fully equal to that which it enjoys at home. The modification of types of diseases incident to locality and different modes of life, are of course to be considered. If our remarks may assume the character of a suggestion, we should anticipate for an interleaved



edition of the work, a popularity as gratifying to its publishers as its thoughtful revision would prove beneficial to every physician desirous of further attainments.

**DRAINAGE FOR HEALTH; OR EASY LESSONS IN SANITARY SCIENCE.**

By JOSEPH WILSON, M.D. Second Edition, with additions. 8 vo. pp. 74. P. Blakiston & Co., Publishers, Philadelphia. 1886.

This author's facility of expression, and his just perceptions must render his work of efficient service in instructing both faculty and laity on a topic of truly vital interest. His style is worthy of high commendation, as is his well-chosen humor. We cannot, however, omit to notice the inaccuracy of making *Pinus taeda* mean "the long-leaf pine," since it is uncomplimentary to the soil of our malarious districts and involves the writer himself in a palpable contradiction.

His ideas of the diffusions of gases seem only to embrace a consideration of their specific gravities, and of the effects of heat and cold in disregard of Graham's law of their diffusion and, indeed, of a most obvious physical property. The absence of this factor in scientific inquiries into the problem of ventilation, Taylor long ago pointed out; and, if its recognition is yet a technical matter, we submit that it should not be. The strictures on health authorities are mildly and clearly stated, and the speedy enlargement of their usefulness, which he predicts, we trust will not be long delayed.

The publishers have performed their part of this work in a most pleasing and creditable way.

**FRACTURES AND DISLOCATIONS.** By T. PICKERING PICK, F.R.L.S., Surgeon to, and Lecturer on Surgery at St. George's Hospital. Illustrated with 93 Engravings. Cloth, 16 mo. pp. 524. Lea Brothers & Co., Philadelphia.

This is one of the number of Clinical Manuals which are so well adapted to furnishing essential information in an easily available form.

In it, this gentleman performed the uninviting task of repeating the observations and the procedures of others, which are

neither ancient or neglected. He has offered us a plain, comprehensive and interesting treatise, though his preference for the language of conversation has led him into a few of its inaccuracies, which displays his easy conversance with the literature of his subject, and a most courteous regard for the dissenting opinions of others. His acquaintance with American writers and methods, and his impartial estimates of them are particularly refreshing.

We strongly recommend this manual as a corrigent to the baneful influences of preconceived ideas.

A MANUAL OF AUSCULTATION, AND PERCUSSION EMBRACING THE PHYSICAL DIAGNOSIS OF DISEASES OF THE LUNGS AND HEART, AND OF THORACIC ANEURISM. By AUSTIN FLINT, M.D., LL.D. Fourth Edition. Cloth, 12 mo. pp. 280. Lea Brothers & Co., Philadelphia.

The present edition of this standard hand-book presents the substantial addition of two-score pages and about half-a-dozen splendid diagrammatic figures.

Of its now classic contents, or of its sententious style nothing need be said, unless it be that in this regard we shall miss its author the most; for of the many who will seek and find, we fear there will come few that will tell their discoveries in his matchless way.

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## *Editorial.*

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### DAVIDSON COUNTY MEDICAL SOCIETY.

The Davidson County Medical Society met at the County Court-room in Nashville, pursuant to a call from the President, at 3 P.M., April 21st, 1886, and were called to order by the President, W. C. Blackman, M.D.

There were present the following members: Drs. W. C. Blackman, J. B. W. Nowlin, J. Bunyan Stephens, W. P. Jones, W. F. Glenn, W. D. Haggard, J. G. Sinclair, James B. Stephens, J. Berrien Linds-

ley, Deering J. Roberts, Ambrose Morrison, J. D. Wallis, J. R. Harwell, M. H. Bonner, Jr., J. E. Harris, Duncan Eve, W. G. Ewing, and Paul F. Eve, together with quite a number of other physicians of Nashville and Davidson County.

The former Secretary being absent, on motion of Dr. Roberts, W. E. McCampbell was appointed Secretary *pro tem*.

The President then read the following brief but pointed address, which we are gratified to place before our readers:

"GENTLEMEN—Having called this meeting in the name of the Davidson County Medical Society, it is proper that I should give you my reason. Some six years ago the Davidson County Medical Society, for reasons known to most of you, either died or went to sleep, and as a certificate of death and its cause has never been furnished the Health Officer—so proper and decent burial might be had in the premises—I have asked this assemblage of doctors to decide whether it is death, or a Rip Van Winkle sleep. If dead, give a certificate of the cause. If asleep, can we, with either a cyclone of good will or an electric current of mutual help, rouse the comatosed body in time to at least have our dog know us?

"The Society has by its long inactivity forfeited its claims to recognition by State or national societies, and with the hope that as a resuscitated body we can go forward in mutual help, and thereby benefit our fellows. There is not a single member of our profession who would not be very much benefited by an hour or two spent in the company of his fellows once a month.

"In reforming this Society, if you should so decide, I do hope your President, whoever he may be, and every individual member will avoid the petty spite and bickering that so often kills the societies in our profession. I have thought of many things we might discuss, and thereby forward to completion matters of great importance to us as doctors, but of more importance to our county and city. As an example, with our population of 60,000 to 70,000 in the city proper and half so many more in the county, we have no first-class hospital in which our own diseased and wounded, or the sick of fifteen hundred or two thousand students who come here year after year, can be made comfortable. I mean no disparagement to your City Hospital, but who of us would go there, if sick, if we could avoid it? As a Society we might work wonders if we will only "work the harmonica"—not politically, but in a higher, nobler calling.

"Gentlemen, you now have my reason for calling you together, and, while I call myself President, I do not feel that it is much honor to be President of a Dead or Sleeping Society."

Dr. D. J. Roberts, in a few remarks, moved to return a vote of thanks to the President for the address and for the interest he had always taken in the Society. This motion was agreed to unanimously. Dr. Roberts, continuing, stated that since the last meeting of the Society, the State Medical Society had made material changes in its Constitution and By-laws; and that as it was important that this Society should identify itself with the State Society, and place itself fully in alignment with it, he had drawn up a new Constitution and By-laws, which he had submitted to all of the members that he could see, and that he would, with the permission of the Society, read the amended Constitution, and they could alter, amend, or adopt it as it was read, article by article.

Dr. W. C. Cook moved to appoint a committee of three on Constitution and By-laws, to report at once. Drs. Roberts, Cook, and Duncan Eve were appointed.

During their retirement, Dr. J. Berrien Lindsley was called upon, and he made a short, earnest address, showing how much advantage these societies were. He was glad to witness this reorganization. The profession was old enough in this county and city to take hold of these things.

The Committee on Constitution returned, and Dr. Roberts read the Constitution proposed by himself.

Before a vote was taken, Dr. Cook arose and wanted to know if there was such a thing now as the Davidson County Medical Society. There had been a number of years before, but had it not ceased to exist? He did not see any need of being in a hurry in the matter of adopting the Constitution, unless there was to be an effort to appoint delegates to the American Medical Society, which meets soon at St. Louis. Even if we do organize this afternoon, you have no right to appoint delegates.

Dr. Vertrees rose to a point of order that Dr. Cook was irrelevant in his remarks, and that there was no question as to the existence or non-existence of the Davidson County Medical Society.

Dr. W. P. Jones stated, that simply a failure to hold regular meetings for an indefinite time did not give any one the right to say the Society was dead. He cited the instance of the State Society being for four

years in a state of "innocuous desuetude" during the late civil war, at the cessation of which it was called together by last elected President, and had been a very lively corpse ever since.

Dr. Glenn did not see how any sensible man could think otherwise than that this was the reorganization of the old Society. The Davidson County Medical Society had adjourned about five years ago without a quorum, subject to the call of the President. That call had been duly made, and to-day they were only to prepare for regular meetings and to admit new members. He fully concurred that it was quite timely and opportune to adopt a new Constitution, or amendments to the old, to place this Society fully in alignment with the State Medical Society.

The Constitution as read, with only a few and slight amendments, was adopted unanimously. For the benefit of our readers, and in view of the fact that we have had frequent and numerous requests for a form of Constitution and By-laws for county societies, we publish it in full as adopted:

ART. I.—*Title of the Society.*

The name and title of this organization shall be THE DAVIDSON COUNTY MEDICAL SOCIETY.

ART. II.—*Objects of the Society.*

The objects of this Society shall be the advancement of medical knowledge, the elevation of its professional character, the protection of the professional interests of its members, the extension of the bounds of medical science, and the promotion of all measures adapted to the relief of suffering, the improvement of the health, and the protection of the lives of the community.

ART. III.—*The Members of the Society.*

SEC. 1. The members of this Society shall consist of all the regular physicians who are graduates of some reputable medical school, and of such regular physicians not graduates, but who may have a license to practice medicine from some recognized medical board, or may have been in regular practice of the profession of medicine and are members of the Tennessee State Medical Society, and who are in good moral and professional standing in the place where they may reside, and who subscribe to this Constitution and By-laws at this the meeting of re-organization of the Society.

SEC. 2. At any subsequent meeting of this Society, physicians of Davidson County, or counties adjacent thereto in which there is no Medical Society, coming under the restrictions and provisions of the first section of this article, upon recommendation of the "Committee on New Members," may be elected to membership by a three-fourths vote of the members present. If, however, any member present submits in writing an objection to the admission of any new member, said application shall lie over until the next regular meeting of the Society, when he may be elected by a three-fourths vote of the members present.

ART. IV.—*Of the Officers.*

SEC. 1. The officers of this Society shall be a President, two Vice-Presidents, and a Secretary (who shall be the Treasurer), and a Judicial Council, who shall be elected by ballot.

SEC. 2. The Vice-Presidents and the Secretary shall constitute the "Committee on New Members."

SEC. 3. The Judicial Council shall consist of the President and Vice-Presidents of the Society, whose duty it shall be to take cognizance of, and refer to the Society all questions of an ethical, a judicial, or personal nature. No resolutions or questions of the above character can be discussed by the Society, unless by and with the consent of the Judicial Council. Any member feeling himself aggrieved, maltreated, or ignored by the Judicial Council shall have the right to appeal his case to the Judicial Council of the State Medical Society, provided it be done within three months after the occurrence; and if the Judicial Council of the State Medical Society sustains the appeal, it shall come before the Davidson County Medical Society for discussion at the next regular meeting of the Society, after notification has been received by the Society, and shall be decided by a majority vote of the Society.

ART. V.—*Discipline.*

SEC. 1. This Society shall enforce the observance by its members of the Code of Ethics adopted by the American Medical Association and the Tennessee State Medical Society, and will censure, suspend, or expel any member convicted of violating its provisions, a two-thirds vote of the members present being necessary for expulsion; but a majority vote of those present being sufficient for censure, or expulsion for a period of twelve months or less.

SEC. 2. This Society will also enforce the regulations of the State

Medical Society in regard to County Societies, and shall have the right to censure, suspend, or expel any member for unprofessional conduct, as provided in the preceding section.

SEC. 3. Any member censured, suspended, or expelled shall have the right to appeal to the Judicial Council of the State Medical Society; provided the said appeal be filed three months or less after said act of censure, suspension, or expulsion. The decision of the Judicial Council to be affirmed or annulled by the State Medical Society.

SEC. 4. Members of this Society shall be debarred from consulting or affording the privileges of professional intercourse with any member of this, or any other Medical Society in affiliation therewith, who has been expelled for professional misconduct or violation of the Code of Ethics.

SEC. 5. The Society will adopt a fee bill of minimum charges for professional services by a majority vote of its members present, which shall be subject to change or modification at any time by a like vote.

#### ART. VI.—*Meetings.*

SEC. 1. The Society shall hold regular monthly meetings on the first Saturday in each month, and such other meetings for the purpose of transacting any business, subject to the call of the President. The President will issue an order for a called meeting at any time after three days' notice by any three members of the Society. Five members shall constitute a quorum for the transaction of business.

#### ART. VII.—*Finances.*

SEC. 1. Funds for defraying the expenses of the Society shall be raised by an assessment on the members, which shall not exceed three dollars annually. The sum to be assessed shall be fixed at the annual meeting of the Society, which shall be held at the regular meeting in March of each year, and at which meeting the election of officers shall be held.

#### ART. VIII.—*Amendments to Constitution.*

SEC. 1. Every proposal for altering or amending this Constitution shall be made in writing; and if such alteration or amendment receives the unanimous vote of the members present, it shall be adopted; but if objection be made, the alteration or amendment shall lie over until the next regular meeting, when it may be adopted by two-thirds of the members present.

## BY-LAWS OF THE DAVIDSON COUNTY MEDICAL SOCIETY.

ART. I.—*Duties of Officers.*

SEC. 1. The President shall preside at the meetings, preserve order, appoint the special and standing committees, perform such other duties as custom and parliamentary usage may require, and shall deliver an address upon some medical or surgical subject at the annual meeting in March succeeding his election.

SEC. 2. The Vice-Presidents, when called upon, shall assist the President in the performance of his duties, and during his absence or at his request one of them, in the order of their seniority, shall officiate in his place.

SEC. 3. The Secretary shall conduct the correspondence and keep correct minutes of the proceedings of the Society. He shall in all cases notify the chairmen of the committees of their appointments, and request them to answer in writing whether or not they accept. He shall also give due notice of the annual, monthly, and called meetings. The Secretary shall take charge of the minute books and other documents of the Society immediately after the close of each session, and keep them during the intervals, and shall also have charge of all other papers belonging to the Society. He shall also as the Treasurer receive all moneys belonging to the Society and disburse them as directed, preserving vouchers for the same. He shall annually present a statement of the finances of the Society, which shall be referred to a committee of three members to be audited. He shall give security for the faithful performance of his duties whenever the Society shall judge it requisite.

ART. II.—*Business.*

SEC. 1. The presiding officer will appoint at the beginning of each meeting an Executive Committee of two members for the next regular meeting, whose duties shall be to provide for the next regular meeting by the appointment of members of the Society to read essays, papers, deliver addresses, or open the discussion upon some definite subject or subjects connected with medicine or surgery, the appointment of members and their duties for the succeeding meeting, to be announced by the President before the close of the meeting. Members of the Executive Committee can assign themselves to the above-mentioned duties, as well as other members of the Society.



ART. III.—*Assessments.*

SEC. 1. The sum of one dollar shall be fixed as the assessment for the current year. This sum shall be paid within sixty days after the organic meeting, or within that time after the election to membership, by all members of this Society. Failure to comply with this provision forfeits membership in the Society.

On motion of Dr. Glenn, a Committee on New Membership, consisting of Drs. W. P. Jones, W. M. Vertrees, and W. C. Cook, was appointed, and reported the following names of gentlemen whom they heartily recommended for membership: R. A. Hardin, W. S. Vertrees, E. L. Stephens, H. K. Hiller, J. E. Dixon, W. H. Bunch, J. Y. Crawford, C. E. Rust, G. W. Hale, John W. McAlister, C. W. Patterson, J. M. Lindsley, D. C. Day, John B. White, Will F. Arnold, W. W. Kinkead, J. M. Coyle, E. F. Meacham, H. A. Sanders, W. H. Bumpass, G. F. Cullom, W. W. Corbett, J. L. Cain, R. L. Hadley, E. D. Wright, Ed. De La Rue, W. E. McCampbell.

On motion of Dr. Roberts, the Secretary was instructed to cast the unanimous vote of the Society for these gentlemen to become members.

On motion, it was decided to go into the election of officers, by ballot.

Drs. J. B. W. Nowlin and W. C. Blackman were nominated for President; and Dr. Nowlin, having received a majority of eleven votes, was declared elected, and was escorted to the chair, and after a few brief remarks, thanking the Society for the honor, presided during the remainder of the meeting.

Drs. R. A. Hardin and Ambrose Morrison were elected Vice-Presidents, and Dr. Will F. Arnold, Secretary and Treasurer.

Dr. Roberts moved an amendment to the Constitution, "that hereafter all officers should be elected by ballot." Adopted.

The President appointed Drs. W. M. Vertrees and W. C. Cook as the Executive Committee for the next meeting. They reported that the work of the next meeting would consist of a paper on Diphtheria by Dr. Roberts; discussion on same to be opened by Dr. Blackman. Also a paper on Cholera by Dr. J. E. Harris; discussion to be opened by Dr. James B. Stephens.

Dr. Duncan Eve moved to postpone the next regular meeting until the first Saturday in June. Adopted; and the Society adjourned until that date.

## THE AMERICAN MEDICAL ASSOCIATION.

We earnestly hope and sincerely desire to see gathered in the great Metropolis of the West, on the morning of May 4th inst., a large and harmonious body of the representative members of the medical profession in the United States. From the locality of the meeting, the membership will predominate largely of Western elements; and we do not think it utopian by any means, to say that we feel confident that it will prove the equal of any of its predecessors.

It has been the custom for many years past to look to the East for all ideas of advancement and progress in medicine and surgery—this is a mere matter of circumstance, and not due by any means to locality or section. Many of the brightest minds that have done so much to give prestige and brilliancy to the great Metropolitan centres of the North-Eastern States first saw the light, and had reached a well-developed manhood before they were drawn from their distant homes to a much wider field and greater clinical facilities, in the more concentrated and densely crowded centres. Density of population in later years in the West, has given their successors an ample field, and they need no longer reverse “the usual order of the celestial bodies and the usual course of empire.”

That the meeting will be numerically strong we have no doubt—its scientific results are yet to be seen; though we have but little if any fears, that the great strides of advancement and progress made by the great West in the past few years in other business and professional lines, will not be equalled by her medical men.

Some of our contemporaries are more or less apprehensive of a turbulent and stormy meeting. *The Philadelphia Polyclinic*, of April 15th, has the following:

“Preparations have been made for a large meeting, as it is expected that the attitude of the Association toward the International Congress will be a prominent subject for discussion.” There is no necessity for this whatever—not the slightest. The Association at its meeting last year at New Orleans appointed a Committee to arrange this matter. This Committee having discharged in a very satisfactory manner the duties intrusted to it, has placed the authority delegated to it in the hands of an “Executive Committee,” transferring all the further management of the proposed Congress to this Committee, with the under-

standing that their action should not be subject to revision or alteration. We can see no more necessity for the St. Louis meeting of the Association discussing the 9th International Congress, than the 8th, the 7th, or any that have preceded it. The time for discussion is past—the time for action is at hand, and it behooves every true lover of Medical Science on this continent, to put his hand to the wheel, and do his utmost in the way of original research, and scientific investigation, for the benefit of the Congress, rather than to be engaged in a most unseemly wrangle as to who shall preside over the meeting, its sections, or have their names enrolled in a nominal way as one of the officers of the Congress.

We hope that we will be pardoned for reproducing part of an editorial in our last July number: “. . . For the empty honor of the hour, of a Secretary or Chairman of a Section, Vice-president, or even President of the Congress itself, limited to the few, is not to be compared to the more lasting and (free for all) honors of submitting a paper of original research on some one of the many important questions pertaining to Medical Science so far yet from being definitely settled. Neither Koch nor Pasteur have yet presided over the Congress, yet like Jenner, their names will be household words throughout the scientific world for years to come.”

The immortal Flint, who would have done so much to honor the Congress, and against whom we have heard no dissenting voice, cannot be with us, and we can but feel deeply, sincerely and most grievously his loss—yet the Congress still lives, and there need be no difficulty in finding one to take his place at its head—great, aye, almost, if not quite impossible, may be the task of finding one to supply his loss to his friends and the science he so loved, so honored and so adorned. “*Le Roi est mort!*” “*Vive le Roi!*”

The work of the Association at St. Louis is limited to the addresses of its President, Chairman of Sections, and the essays and papers that may come before it, together with such other questions as may properly arise during the progress of the meeting. Its work as an association, in connection with the International Medical Congress, is *finished*. So mote it be.

---

**DON'T READ THIS.**—It will pay you to try Lactopeptine in dyspepsia, as it is the best anti-dyspeptic remedy ever used.

It will pay you to try Bromidia, as it certainly is the best hypnotic.

It will pay you to try Celerina, as it is by all odds the best nerve-tonic.

It will pay you to try Listerine, as it is, without doubt, the safest, most pleasant, and best anti-septic.

It will pay you to try Peacock's Bromides in epilepsy, uterine congestions, and all reflex neuroses, as it is beyond all question the best nerve sedative.

It will pay you to try to use only pure drugs, and genuine makes of manufacturers, avoiding all substitutions, imitations, and "just as good" preparations.

It will pay you to know that some manufacturers *excel* in the manufacture of some one or two special preparations which they have learned, by long experience and study, to make better than any other manufacturers.

It will pay you to designate the name of the manufacturers in all your prescriptions, and to keep your eyes open, read all the advertisements in the medical journals, look out for your reputation by trying to get hold of the best preparations.

---

McINTOSH COMBINED GALVANIC AND FARRADIC BATTERY.—We have been using one of these batteries for the past twelve months, and can say without hesitation that it has given the most perfect satisfaction—far excelling any other battery we have ever used. It is always ready, convenient, easy of application, and requires but little care to keep it in working order. The results from its use have been most excellent. Send to them for a copy of their illustrated catalogue, No. 300 Dearborn Street, Chicago, Ill. If you need a battery of any kind try one of theirs. We know you will be pleased.

---

A COMPATIBLE ANTISEPTIC.—Dr. Baxter, of Toronto, Canada, in referring to antiseptics, thus commends the compound Listerine:

"The genial compatibility of Listerine with so many standard remedies of the *Materia Medica* gives it a very wide range of applicability in the treatment of that large class of cases benefitted, relieved and cured by the antiseptic treatment. It has served me well in gonorrhoea, catarrh, fistula in ano, and offensive discharges from the ear and uterus.

It is the most elegant mouth wash I have ever used, and for dental use must prove invaluable."

---

LIQUID PEPTOMOIDS WITH COCA supply tissue waste quickly, and without the ordinary reaction of a stimulant.

BEEF PEPTOMOIDS, says Prof. John Attfeld, is by far the most nutritious and concentrated food I have ever met with.

CARNRICK'S SOLUBLE FOOD, in the opinion of Dr A. Stutzer, is much better for nourishing children than any other infants' food.

The above are all manufactured by Messrs. Reed & Carnrick, Mercantile Exchange Building, New York.

---

DR. MCINTOSH'S NATURAL UTERINE SUPPORTER meets the wants of the profession more perfectly than any other uterine supporter ever made. This is proven by the fact that during the past fifteen years more have been sold than of all other supporters combined. It never fails to give satisfaction, even in the most difficult cases, where any instrument of this kind can be used.

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MESSRS. R. A. ROBINSON & Co., of Louisville, have an advertisement in this issue, which our readers should not neglect to read. They invite attention to two very important preparations manufactured by them. The well-established reputation of this house is quite sufficient a guarantee of the reliability of their preparations.

---

WEEKLY MEDICAL REVIEW.—We desire to acknowledge, with thanks, the very handsome invitation of the *Medical Press and Library Association*, who have in charge the above journal, to a dinner, to be given in St. Louis on Monday evening, May 3rd. We sincerely hope to be there.

---

FUCUS MARINA.—I take much pleasure in bearing testimony to the

remedial effects of Peacock's Fucus Marina. I am better pleased with its action than anything I have ever used as an antidote to malarial poisoning.

J. T. HERNDON, M.D., Keysburg, Ky.

---

LYON'S TASTELESS PREPARATIONS OF QUININE.—As the malarial season is now approaching, our readers will find a most excellent preparation, especially for children, in the above. We have tried it, and find that it is not only palatable, but is reliable in its effects.

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ASSOCIATION OF AMERICAN MEDICAL EDITORS.—We acknowledge the receipt, from the Secretary, of an invitation to attend its annual meeting, on Monday, May 3rd, at St. Louis. Thanks, friend Daniel, we will try and be there.

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RIO CHEMICAL CO.—The increasing demand for their goods by the medical profession in foreign countries has necessitated the Rio Chemical Co., of St. Louis. to establish offices in London and Paris.

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CASCARA CORDIAL, as manufactured by Messrs. Parke, Davis & Co., is one of the best remedies we have ever tried in chronic constipation. Don't fail to read their advertisement on 4th cover page.

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NOTICE OF REMOVAL.—Dr. T. Gaillard Thomas has removed from 294 Fifth Avenue, New York, to 600 Madison Avenue, between Fifty-seventh and Fifty eighth Streets.

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## *Original Communications.*

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### "SOUNDINGS FROM THE DOMAIN OF SIMILIA."

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BY

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Without any desire to farther inflict upon the public this already worn-out subject, I will state that whatever I may say is without consultation with Dr. Maddin or any member of the Academy of Medicine and Surgery, or the consent of any one else. As to the matter of difference between Dr. Maddin and Dr. Dake, I have nothing to say. I suppose each of the gentlemen feel competent to defend themselves. I propose to reply only to that portion of Dr. Dake's article which has reference to the distinctive feature of homeopathy, that of similars as a cure. If such relationship exists, and it is the only law of cure, after sixty years of progress, as Dr. Dake claims, he ought to be able to explain the law so it could be understood by the leading medical minds of the age, which he knows is not the case.

With a few exceptions in New York, Philadelphia, and other



large cities, Nashville included, the learning and the talent of the medical profession ignore the existence of *similia* as the law of cure. Not one in twenty on this side of the Atlantic even recognize it to an equal extent with allopathy, antipathy, or isopathy, all of which are of limited application, and in no instance capable of being demonstrated as a law of cure. The assumption that the principle of homeopathy can be demonstrated is never claimed except to the laity and supercredulous. Why are the Doctor's articles always through the secular press, or his arguments addressed to those not informed in medicine? One single proof of a cure not capable of explanation on other principles than *similia*, will be accepted as evidence of the existence of the law of similars in that case, and then let him demonstrate that disease is a unit, and his case is made out. He can easier make charges on the regular profession than he can defend such absurdities, and it is here that his adroitness so well embellishes homeopathy.

During the existence of homeopathy it has done little else than amuse the scientific world with vagaries on the attenuation and divisibility of drugs, which they have pushed beyond the computation of figures, or the comprehension of any human reason, not endowed with an attenuation according to the homeopathic centesimal rule. For awhile the regular profession could only look on and laugh. This they were able to stand, but recently they are laughing at each other, and bad blood is up.

In a paper presented to the International Homeopathic Convention, London, England, July, 1881, by Dr. J. P. Dake, of this city, a copy of which I had the honor to receive, he says (page 35): "Looking back over the history of drug attenuation, and considering its original object and its effects upon drug matter and drug power, I discover nothing to necessitate or warrant the pushing of the process to the extent advocated by Hahnemann in his old age, and especially as practiced, after various nonsensical methods, by some of his followers since. . . . Its general acceptance would serve to wipe out confidence in the usefulness of medicine, and to hand the art of healing over again to the mysteries and mummeries of magic and legerdemain."

Now, Doctor, are you not using at this time attenuations up to

30th X., and are there not homeopaths dealing out the 200th C. dilutions in this city? If you will take trouble to explain to the *Banner's* mummy what quantity of medicine the patient will receive in a dose of 30 decimal or 200 centesimal, and he doesn't manifest some degree of amusement, it will be evidence that he must have died in a fit of stupor. But you say the dose has nothing to do with the principle of homeopathy; that medicine is not increased in power uniformly by reducing it decimally or centesimally; or, in other words, you discard the principle of high potency, but adhere to low potency, denying the truth of the dynamization theory in reference to high potency, but divide your medicine according to the decimal plan, and attaching more homeopathic power to the 10th dilution than the 4th or 6th. If the 4th is not homeopathic, by what law of reason or logic is it proved that by this course it becomes homeopathic in the 8th and 10th, if not by dynamization? The first dilution is one-tenth, not homeopathic; the second is 100, not homeopathic; the next 1,000, not homeopathic; next 10,000, not homeopathic; fifth, 100,000, not homeopathic; sixth, 1,000,000, not homeopathic; seventh, 10,000,000, not homeopathic; eighth, 100,000,000, eureka, homeopathic.

Now, Doctor, why have you got the "X" or "C" attached to your preparations, if it does not mean division by 10 or 100, and that some principle of homogeneity is attached to the degrees of attenuation; and if *similia* resides in the proper quantity, and you should give one-millionth part of a grain too much, or lack a few hundred-thousandth parts of a grain of giving enough, what would be the effect? If ten grains of ipecac vomits a patient when he is well, and he is sick and vomiting you would give him ipecac to arrest the vomiting, suppose you give too small a dose—and I suppose such a thing could occur in homeopathy—what would be the result? Is the homeopathic action increased or diminished by this mistake? Medicines act differently in different doses. As you adopt the metric system in the divisibility of medicines, is it not the intention to create the idea that *similia* is attained at a certain degree of attenuation? You are constantly harping on the excessive doses of the regular school. On page

18 of your London article, you give Hahnemann's theory before you say he lost his reason in these words: "That drug power may be developed, but not increased, by attenuation." Was not this theory taught and practiced by the regular school before Hahnemann was born, and is it not taught and accepted by every intelligent physician in the land at the present time? If this is correct—and you say it is—explain why is it necessary that you should attenuate by tens, hundreds, thousands, and millions. Is there no degree of force between one and ten, between ten and one hundred, between one hundred and one thousand, and so on? Drug force is not increased, but developed, by attenuation; and yet you adopt the methods of those you denounce as lunatics and fanciful theorists, that of decimals. I suppose you will agree that the proper medicine, in the proper quantity, at the proper time, is the correct practice. Now, if you do not settle the action by mathematics, what is your method of arriving at the homeopathic dose? Do you use your judgment, acquired by the study of disease and medicine? If so, do not all other physicians do the same thing? You have not only, so far as the profession can observe, carried the fanciful theory of Hahnemann, when he was old and crazy, into dynamization so far as medicine is concerned, but into the realms of reason and logic. If you believe there is but one law of cure, that of *similia*, are you not compelled to search in its narrow limits for resources to relieve the sick, subordinating reason, logic, investigation, and everything else that enlarges human understanding, to this miserable little spawn of a crazy old man, without any of the attributes of law that nineteen-twentieths of the profession can understand?

With no accord in regard to the appreciation of this law among its advocates, with no settled standard of therapeutical agents, with doses given by different members of this school for the same disease, differing many millions of degrees in attenuation of force, based upon fanciful theories of the mode of action of drug matter, and the indications for their use obtained by testing drug force on well subjects, is it any wonder that the mass of the profession should turn in disgust from such a question?

The last theory of Hahnemann was that the medicinal force of a drug was not in proportion to the number of its drug molecules, but dependent rather upon the quality and expansiveness of its in-dwelling spirit. The use of water, alcohol, and sugar of milk, in making attenuations, was to hold the disembodied and expanded spirit of drug matter, and the use of the mortar, pestle, and the succussion bottle has been to break the material tenements of the imprisoned spirits, and exalt the medicinal power, and truly spiritualize the dynamic property.

Korrakoff maintained the existence of an aura, or dynamic something, so extended beyond the drug molecules as to impart the medicinal power to every drop of water or pill of sugar in a vessel, however large, in which it is placed.

Lutz's theory was that a certain property, generally termed animal magnetism, is imparted by the hand to the doses employed, after medicinal matter is much removed by succussion and dilution.

Buchannon's theory is, as long as the qualitative relation of the atom is not changed, every atom remains the inexhaustible spring of the dynamid.

Dr. Lawton's theory in defense of high potencies is, without decomposition there is no force. When we have reached the limits of molecular divisibility in drug substance, decomposition is complete, and at this point therapeutic action begins, which can be transmitted indefinitely, at the same time having a therapeutic action, exhibiting all the medicinal properties of the compound substance from which it has been developed. The advocates of these theories are about equally divided, and there is no reason why they should not be; and yet the law of *similia* is applied through a therapeutics or pharmacology based upon the use of remedies prepared under one of these ideas of medicinal forces. The assumption that *similia* obtained in the dose necessary to procure the symptom that is to guide you in its application, is not contended for by the the homeopathsists. The quantity is to be reduced; it is the reduction that endows it with *similia*, or makes it homeopathic. In the same dose it would be isopathy, but an isopathic impression would not be homeopathy, and hence

homeopathy is attenuated isopathy. In a large dose it would keep up the impression that you desire to remove; reduce it and it becomes homeopathic. Now, would it not be more logical to say it was the same impression in a reduced degree, and was really isopathic? What is the evidence that it has become homeopathic? You say by experimentation. This only proves that smaller doses of a medicine that vomits a well person will arrest vomiting in a sick person is no evidence that it is homeopathic. Evidences of its isopathic action were proven, but in smaller doses it becomes homeopathic is an assumption, a mere metaphysical warp to weave the mystical and fanciful ideas of dynamization, high potencies and low potencies, decimal and centesimal dilutions, succussions and triturations into a system that is so plain that even the layman can apply it. In the first place, it cannot be proven that the homeopathic law exists. That doctors styling themselves homeopaths do cure diseases, I will not deny; but that it is done through the operation of homeopathic law is quite a different thing. The effort that they make to prove a distinctive and different law of cure is simply absurd.

It is precisely the methods adopted by all other classes of men who wish the honor and profits of a profession without the study and training necessary to comprehend it in all its bearings, and will as assuredly meet the same destruction that has overwhelmed all other dogmas and pathies that have risen up to obstruct the onward march of a noble and honorable profession.

Dr. Enloe, with none of the adroitness and trained caution of Dr. Dake, practically abandons the exclusiveness of the homeopathic law. It is doubtful, however, whether it would be fair to quote the latter gentleman's assertion against Dr. Dake, for he has deserted in the face of the enemy. He claims to let no pent-up Utica contract his therapeutics, but with professional omniferosity gulps down homeopathy, antipathy, isopathy, allopathy, killopathy, and make-apathy, if there are any not satisfied with his liberality. If he is not an unvulcanized India-rubber doctor, what is he?

## THE PRESIDENT'S ADDRESS.

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*Delivered before the Thirty-Seventh Annual Meeting of the American Medical Association, Tuesday, May 4, 1886.*

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BY

WILLIAM BRODIE, M.D., DETROIT, MICH.

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*Gentlemen of the American Medical Association:*—With great pleasure I congratulate you on your coming together to renew old friendships, to make further acquaintances, and to add to the general storehouse of medical information, thus demonstrating to our fellow-citizens that the medical profession is not only interested in its own welfare, but also in theirs.

We have reason to be thankful to the Supreme Ruler of the universe that no epidemic disease has devastated our land, and, with but few local exceptions, that a general state of health has existed. We have also to be thankful that so many have been spared to again meet in council and demonstrate our vitality as an association. Yet with all these blessings showered upon us, Death has been within our ranks, and some of our honored ones have yielded to his sceptre. It is, therefore, with sadness that I refer to the decease of Drs. W. K. Bowling, of Nashville, Tenn., John L. Atlee, of Lancaster, Penn., and Austin Flint, Sen., of New York City, during the past year, ex-Presidents of this Association.

Dr. Bowling first identified himself with the Association in 1853, and from that time to his death was one of its firmest friends. In 1851 he founded the "*Nashville Journal of Medicine and Surgery*," which he sustained for a quarter of a century. The same year he assisted in founding the Medical Department

of the University of Nashville, and was elected Professor of Practice and Institutes of Medicine. Deeply interested in public education, in 1853 he delivered the oration upon the occasion of laying the corner-stone of the first public school building in Nashville. In 1856 he was elected Third Vice-President of this Association. In 1861, he was sent as peace ambassador from the State of Tennessee to the Governor and Legislature of Kentucky. In 1867 he was elected First Vice-President; in 1873, President of the Association of Medical Editors, and in 1874, President of the American Medical Association.

His contributions to medical literature are to be found in the journal of which he was editor. He was never negative, but always positive in the views and opinions he advanced. In 1876, he was appointed by his State a member of the International Medical Congress of 1876, which met in Philadelphia.

As an editor, it was said of him, he never kept his printer waiting for copy or money, and the greatest living medical critic said of him in his journal: "A man of genius as well as learning, of the true poetic temperament, he has written some of the most brilliant articles in our medical annals."

He was a scholarly man and a beloved physician. As a teacher he was worshipped by his classes, and when declining years warned him of his approaching end, he retired to his summer home, Monteagle, in the Cumberland mountains, for rest and recreation. But so devoted was he to his profession, the sufferings of a little child appealed to his benevolent heart and was his last patient. He died as he had lived, a noble, generous-hearted man, loving his profession and his God.

John Light Atlee: We find his name first registered in 1848, as a delegate from the Medical Society of the State of Pennsylvania. From that time to his elevation as President, in 1882, he was in almost constant attendance upon its meetings and was always one of its firmest supporters.

The code of ethics was to him as an injunction from the *Most High*, and he considered this Association as the embodiment of perfection.

In 1829, at the age of 21 years, he commenced the practice of

medicine in his native town, where he resided until his death, October, 1885.

Surgery was his element, and in this department of medicine he achieved his reputation. He was prominent as one of the pioneers in this country for the successful operation of ovariectomy. This alone entitles his memory to a grateful recognition by the American medical profession. My first acquaintance with him began in 1856, when he took an active interest as a delegate from his native city. He was a tall, slender-looking man, with a clear and expressive countenance, indicative of firmness and confidence in the truth of his convictions, ardent in the pursuit of knowledge; he was neither obsequious to men nor submissive to opinions which he thought hostile to the best interests of his profession. He was opposed to anything that savored of quackery, and believed that medicine was a science, and based upon fundamental principles.

He was a physician in the widest sense of the term, taking an interest in every department.

He had the confidence of the profession in his home and the State of Pennsylvania, as evinced by his large consulting practice.

He left a record of 2,125 important surgical operations, and attended 3,264 cases of parturition, all independent of hospital or college connection, and were exclusively private.

His practice embraced a period of sixty-five years, and continued till a few days before his death. Though advanced to his 86th year, he retained the vigor of manhood to such a remarkable degree as to appear to strangers as a man of only threescore years and ten. Of him it can be said, correct business habits enabled him to accumulate a handsome fortune. At the same time, he did a large amount of unrequited and benevolent labor. Not unmindful of his honor as a man, he never sought to enhance his own popularity by depreciating that remuneration for services to which every honorable physician is justly entitled.

Dr. Atlee was a constant and devoted member of the Episcopal church, and adorned the doctrine he professed with reverent acknowledgment and an abiding faith. He came to his "grave in full age, like as a shock of corn cometh in its season."



Austin Flint, Sen., died March 13, 1886, at his residence in New York City, of cerebral apoplexy. He was one of the founders of the Association, being present as a delegate from the Erie County Medical Society of New York, at the initial meeting in 1847. He was appointed one of the committee "Upon a uniform and elevated standard of the requirements for the Degree of Doctor of Medicine by all the Medical Schools of the United States." This report was exhaustive on the subject, and the resolutions appended, with only one slight amendment, were unanimously adopted, and laid the foundation of the advanced requirements of the present day.

During his membership he gave several valuable papers to the Association. Among the most prominent were those on Practical Medicine, Materia Medica and Physiology, Cerebral Symptoms in Heart Disease, Clinical Study of Heart Sounds, Pathology of Diabetes, Typhoid Fever, and Variations in Pitch in Percussion. His address on Medicine and Medical Progress in the United States, before the International Medical Congress of 1876, in Philadelphia, and his address as President of the Association, in 1884, were especially able. In the latter address he presented the suggestion of inviting the Ninth International Medical Congress to meet in this country, at its Capital, Washington.

From his youth up, Dr. Flint was an indefatigable laborer in the field of medical science. His reputation as a teacher and author was world-wide. Conscientious in his relation to the profession he so fondly loved, and to the public, his recognition of the code of ethics, as exemplifying the honorable relations of the profession towards one another and to their constituents, elevated him to the position of the true gentleman.

In his death we have lost a bright star, and the International Medical Congress, for which he was selected (I may say unanimously) as its presiding officer, must mourn his sudden demise. Few men have been so justly eminent and yet so widely beloved and admired. His works are the expression of his experience and observation, and have been received by his professional brethren, not only at home, but abroad, as standard authority. The British Medical Association was honored by his acceptance

of their invitation to deliver the address on *Medicine* at their next meeting, thus demonstrating the appreciation with which he was held abroad. With such a reputation as he had achieved, it may well be said, "To die is noble."

The past generation of the great men of our profession are fast fading away. The seats they have so honorably filled in this Association are becoming vacant—may we indulge the hope, to be again filled by those of the present, who will so well represent their honor and professional integrity, that future generations may say of them, their mantle has fallen upon deserving merit.

It is my purpose in addressing you at this time to confine myself chiefly to matters pertaining to the progress, interest and welfare of this Association. Although I may seem to tread in the footsteps of my predecessor, Dr. Flint, in his address at Washington, and the subject may seem familiar, yet I have an entirely different object in view.<sup>1</sup>

When the first National meeting of the profession, under the call of the New York State Medical Society, was held in the city of New York, May 5, 1846, Dr. I. Hays, of Philadelphia, moved, and it was resolved, "That it is expedient for the medical profession of the United States to institute a National Medical Association for the protection of their interests; for the maintenance of their honor and respectability, for the advancement of their knowledge and the extension of their usefulness." Upon this broad foundation has arisen the largest representative medical association known to history.

At this gathering one hundred and twenty medical men met in consultation. They fully endorsed the resolutions presented by Dr. Hays; they also recognized the necessity of a united profession, and in order to attain this great end they resolved that a committee of three members should be appointed to report a plan of organization at a future meeting to be held in Philadelphia the first Tuesday in May, 1847.

They also recognized that principle was one thing and conduct another, and that the *Golden Rule*, however sound and correct,

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<sup>1</sup> See Organization American Medical Association. Preliminary Volume.

failed in practice; that, however good the intention, experience had shown that written rules and regulations were of much more binding force than abstract reasoning and even Divine Law. They therefore deemed it essential that the entire medical profession in the United States should be governed by the same code of ethics, and to that end a committee was appointed to report.

The question of the union of teaching and licensing in the same hands was also considered. It was believed to be wrong in principle and liable to great abuse in practice. Instead of conferring the right to license on medical colleges and State and county medical societies (as was then the custom), it was deemed best that it should be restricted to one Board in each State, a principle now fully recognized, and practically carried out, by the State of Illinois. This was referred to a committee to report.

The subject of urging upon the several State governments the adoption of measures for registration of marriages, births and deaths, was favorably considered, and referred to a committee.

They also considered the necessity of a proper nomenclature of diseases, adapted to the United States, with reference to a general registration. This was also referred for report.

According to the best information I can obtain, only four of these pioneers of this Association are now living. To them this Association owes a debt of gratitude which can never be paid. Of these four, two have been honored by the Presidency—Dr. A. Stillé and Dr. N. S. Davis. Drs. Alonzo Clark and Lewis P. Bush are the other two. All have reached their three score years and ten.

The convention of 1846 adjourned to meet in Philadelphia May 5, 1847. Twenty-two States and the District of Columbia were represented at that meeting by two hundred and forty-seven delegates. Considering the modes of traveling at that day it was a large representation of the profession of our country, and again showed the interest in the organization of this Association. At this meeting the report of the committee on the organization of the American Medical Association was adopted, Dr. John Watson, of New York, chairman, and, what is remarkable, stands with but slight changes as the present constitution.

The report of the committee upon a uniform and elevated standard of requirements for graduation in medicine, which was adopted, called the attention of the profession to the necessity of a more rigid examination and a higher degree of preliminary education. The Educational Department at once recognized the value of the suggestion, and to day we find the medical schools giving more attention to the quality of their graduates than to the numbers of those who receive from them the degree of M.D.

The report of the committee on preliminary education aroused the attention of both the private preceptors and the medical schools to the deficiencies of young men desirous of entering the profession. The time had come when the demand for medical men with a modicum of preliminary education was less than the supply. By means of the system of common schools, academies, colleges and universities, the people themselves were more highly educated. Men entering into the learned professions readily observed that, in order to gain the respect of their patrons who were educated, they themselves must also be educated. This report at once gave a stimulus in the proper direction, and from that day to the present, preliminary acquirements of a higher standard are required by all medical colleges which have any regard for the standing of their graduates. Education is the requisite of a gentleman, and no one should be allowed to enter the portals of the medical profession who has not that qualification.

The committee, under the resolution that it is expedient that the medical profession should be governed by the same code of medical ethics in this country, founded their report on the "basis of religion and morality," which comprised not only the duties but also the rights of a physician. The high character of that committee, their age and experience, fully qualified them for the delicate duty imposed upon them. Time has fully proved the wisdom of that report.

The Code of Ethics as adopted has stood the test of nearly forty years, and for more than nine-tenths of the regular medical profession of these United States constitute, their rule of action and professional government.

Even those styling themselves eclectics or homœopathists, have

copied its principles in their constitutions and made it the basis of their relations to one another and to the public. The government of the United States is based upon a written constitution ; States and municipalities are governed by the same principles. The doctrine of majorities as thereby inculcated governs the action of organized society in its minute ramifications ; the medical profession is no exception. We meet here to-day upon this broad principle, and what is most remarkable, of every State Medical Society, county society, or local organization which has adopted the Code, only one has repudiated it and entered upon the rôle of a *solitary minority*. I allude to the Medical Society of the State of New York, from which came the invitation, in 1845, for the preliminary meeting that gave birth to this Association.

To their honor be it written, the majority of the profession of that great State repudiated the action of their State Medical Society, and it now has the unenviable position of being solitary and alone in its opposition to the Code of Ethics. The reason for this defection was so manifestly financial that its influence did not extend beyond its own jurisdiction. It is through its Code that this Association represents the whole body of the medical profession throughout these United States, as the American Congress represents the people of the same.

Could those wise men who framed this Code be here present with us to-day in this hall and witness your presence, they would say, like one of old, "Now lettest thou thy servant depart in peace." But one of that committee is now living.<sup>1</sup>

In no one subject are the people of our country more interested than in that of medicine, and no profession is more respected.

Educated as the large majority of them are, they fully comprehend the relations of the profession. They are independent thinkers, and in their relation to the profession cannot be bought or sold. How wide the difference between this country and Europe ! There a practice can be bought and sold ; here a transfer is of no value because there can be no delivery.

It has been charged that this Association has failed to meet the requirements of its founders, and instead of being a body for ad-

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<sup>1</sup>Alonzo Clark, M.D., New-York City.

vancement of scientific medicine has degenerated into a body of "thankless intriguers and demagogues." For thirty-nine years this Association has been in existence. At its organization no other National association of medical men existed.

A few of the older States had their State societies. The county societies in those States were few and far between. In the larger cities local societies were maintained; each was independent of the others. There was no general forum where individuals could present their investigations, and when presented, no general means of their dissemination. Could the transactions of this body be critically analyzed, the charge that scientific medicine has not been advanced by its existence would lamentably fail.

The character of the work done by the Association since its organization may be well exemplified by a few selections from its Transactions.

The essay of Dr. Dalton on the Corpus Luteum in Pregnancy gave him National reputation as a physiologist.—Vol. 4.

The prize essay of Austin Flint, Sr., on the Value of Pitch in Percussion, and Respiratory Sounds and their Applications to Physical Diagnosis, opened a new era in the investigation of pulmonary diseases.—Vol. 5.

Coxalgia or Hip Disease, by Alden March, M.D., an ex-President of this body, gave the first impulse to the proper diagnosis of this disease, and its treatment.

The prize essay of Prof. Charles D. Meigs, on Acute and Chronic Diseases of the Neck of the Uterus, laid the foundation of the department of gynecology, and the plates illustrating his cases are copied to the present time.

The Surgical Treatment of certain Forms of Fibrous Tumors of the Uterus, by Washington L. Atlee, M.D., opened the field for the ovariologist.

The Cell—its Physiology, Pathology and Philosophy, by Waldo J. Barnett, from original investigations, anticipated Virchow.—Vol. 6.

The new method of treating Ununited Fractures and Certain Deformities of the Osseous System, by Daniel Brainerd, would have done credit to Malgaigne.—Vol. 7.

Deformities after Fractures, by Dr. F. H. Hamilton, has become authority at home and abroad.—Vol. 8.

Statistics of Placenta Prævia, by Dr. J. D. Trask.—Vol. 8.

The Clinical Study of Heart Sounds, by Austin Flint, Sr., M.D.

The Physiology of the Arterial Circulation and the Chief Pathological Relations, by Dr. H. Hartshorne.—Vol. 9.

Report on the Nervous System in Ferbile Diseases, and the Classification of Fever by the Nervous System, by Henry Frazer Campbell, M.D., indorsed by the late Marshall Hall.—Vol. 10.

Report on Moral Insanity and its Relation to Medical Jurisprudence, by D. Meredith Reese, M.D.—Vol. 11.

Report on a Uniform Plan for registration of Marriages, Births, and Deaths, by W. L. Sutton, M.D., laid the foundation for such record.—Vol. 12.

Report on the Alcoholic Drinks in the Development and Progress of Pulmonary Tuberculosis, by N. S. Davis, M.D.—Vol. 13.

Report on Morbus Coxarius, or Hip Disease, by L. A. Sayre, M.D., illustrative of the fixed treatment by Plaster of Paris.—Vol. 13.

Prize essay on the Pathology of Jaundice, by S. Fleet Speer, M.D.—Vol. 13.

Prize essay on the Criminality and Physical Evils of Forced Abortion, by H. R. Storer, M.D.—Vol. 16.

Prize essay on the Surgical Treatment of Morbid Growths within the Larynx, by Louis Elsberg, M.D., the father of laryngoscopy.—Vol. 16.

Report on the Etiology and Pathological Relation of Epidemic Erysipelas, Spotted Fever and Diphtheria, by N. S. Davis, M.D.—Vol. 17.

Report on Plaster of Paris in Surgery, by James L. Little, M.D.

Prize essay on the Treatment of Certain Uterine Abnormities, by Montrose A. Pallen, M.D.—Vol. 18.

Report on the Best Treatment for Different Forms of Cleft Palate, by W. R. Whitehead, M.D.—Vol. 20.

Mollites Ossium, by Joseph Jones, M.D.—Vol. 20.

Prize essay on the Treatment of Aneurisms, with Experiments for the Closing of Arteries by a New Method, by Benj. Howard, M. D.—Vol. 21.

Prize essay, Atropia and its Salts, by Roberts Bartholow, M.D.—Vol. 20.

What Physiological Value has Phosphorus as an Organismal Element? Prize essay by Samuel R. Percy, M.D.—Vol. 23.

Syphilis in its Relation to the National Health, by S. D. Gross, M.D., LL.D., Oxon.—Vol. 26.

A Discourse on Blood Letting, the Lost Art, by S. D. Gross, M.D., LL.D., Oxon—Vol. 26.

History of Yellow Fever and Dengue in Texas, by Greenville Dowell, M.D.

Excision of Large Joints of the Extremities. A prize essay by H. Culbertson, M.D.—Supplement to Vol. 27.

Report on Animal Vaccination, by H. A. Martin, M.D.—Vol. 28.

Prophylaxis of Septicæmia in Surgery, by E. M. Moore, MD..—Vol. 29.

Surgical Anatomy and History of the Common, External and Internal Carotid Arteries; Anatomy and History of the Innominate and subclavian Arteries. A prize essay by John A. Wyeth, M.D.—Vol. 29.

The Pathology of the Bones, by Henry H. Smith, M.D.—Vol. 29.

Blepharoplastic Operation, by A. C. Post, M.D.—Vol. 29.

Prize essay. Consideration of Certain Forms of Primary and (Local) Secondary Degeneration of the Lateral Columns of the Spinal Cord, etc., by Allan McLane Hamilton, M.D.—Vol. 30.

Treatment of Fibroids of the Uterus by Means of Dry Earth, by Addinel Hewson, Sr., M.D.—Vol. 31.

Progress in the Knowledge of the Acute Contagious Disease and Infection, by A. Jacobi, M.D.

Fibroid Tumors of the Uterus, by H. O. Marcy, M.D.—Vol. 33.

These papers fully illustrate the character of the work done by the Association since its organization. Besides the reports on



Medical Education, Medical Literature, Registration of Marriages, Births, and Deaths, Medical Jurisprudence, Hygiene and Insanity, Meteorology and Epidemic Diseases, Cryptogamic and Zymotic Diseases, Practical Medicine, Materia Medica, Physiology, Obstetrics and Diseases of Women and Children, Surgery and Anatomy, Chemistry and Psychology, Pediatrics, State Medicine, etc., scarcely a question of importance, whether in the interest of the profession or the public, has failed to receive investigation.

Before the time of this Association, specialties in medicine were unknown. All medical men were general practitioners. The prominence given special diseases by its reports and investigations led men to give special attention to particular diseases. The accretions of people in the larger cities developed the field for a division of general practice, and the selection of a particular branch of disease, applicable to a particular organ, was soon found to be remunerative and less toilsome. The advance of time developed the number of specialties. The first to organize a National Association were the Ophthalmologists, the leading specialty; then followed the Otologist, Gynecologists, the Dermatologist, State Medicine and Hygiene, under the name of Public Health, the Laryngologists, the Surgical Association, and latest, the Association of Physicians and Pathologists. Some of these Associations are necessarily limited in number, others have specified their limitation. All are off-shoots of this Association. Each occupies a limited territory. The American Medical Association covers the whole field of medicine, and through its Sections affords an opportunity to every member, whether high or low, to give to the profession any and all of his personal knowledge.

"No pent up Utica contracts its powers,

The boundless universe of Medicine is ours."

The course of events in science, as well as in medicine (and I use the latter term in its broadest sense), demonstrated that much which is called new has had its expression in the writings of the fathers, and experience has shown that change is not always progress,

The prevention of yellow fever, the scourge of the Gulf States, is a problem in which our whole country is interested. Dr. Joseph Holt, of New Orleans, President of the State Board of Health of Louisiana, has given much time and study to this question. A bill has been reported in the House of Representatives, at Washington, appropriating money to investigate whether it can be aborted and even prevented.

A proper resolution adopted by this body, approving such a bill, would have great weight with Congress. It is highly proper that all such investigations should be conducted at the expense of the general government.

A series of resolutions were adopted by the Association at the meeting in Atlanta, Ga., on the metric system, which have been a dead letter in the Transactions ever since. The several State Medical Associations, which at that time also approved the system, have never applied it in their Transactions. Only a few of the profession follow it in writing their prescriptions, and with rare exceptions it is not used by writers on medicine. Dr. Oldberg, through whose influence while medical purveyor in the United States Marine Hospital Service it was introduced, has declared it a failure. I would therefore recommend that it be stricken out of the list of ordinances.

The value of the Sections has been so fully proven that I would recommend that in addition to the proposed new Section of Medical Jurisprudence, one on Dermatology and Syphilis be added.

The work in the Sections depends so much upon the efficiency of their officers, the Secretary in particular, and as permanency adds to efficiency, I would recommend that the Secretaries of Sections be made permanent, subject to removal on the recommendation of the Section. The wisdom of such permanency can be readily comprehended.

In imitation of the British Medical Association, the journal system was adopted. I take great pleasure in stating that thus far it has been a satisfactory success. The Board of Trustees, with its efficient Editor-in-chief, have so managed its finances that it has proved no incumbrance on the Association. The plan adopted of receiving members by application, has proved satis-

factory, not only by increasing the circulation of *The Journal*, but also by increasing the emoluments. The report of the Trustees will give you a full and explicit statement of its financial condition and its growth.

I would also call the attention of the members of the Association to paragraph 3, section 4, of the by-laws: "Every paper received by this Association and ordered to be published, and all plates or other means of illustration, shall be considered the exclusive property of the Association, and shall be published and sold for the exclusive benefit of the Association."

As this by-law makes all addresses, papers, and reports presented to the Association, or in its Sections, the exclusive property of the Association, it is not proper to give copies of such addresses to other journals to appear entire before or simultaneous with their appearance in *The Journal of the Association*. If the proprietors of other journals choose to employ competent reporters to secure such reports and abstracts of your proceedings, either in the general session or in the Sections, I would place no obstacle in their way. But if they wish to use papers in full let them copy the same from the official organ of the Association, giving proper credit therefore. And every member of the Association should have sufficient interest in sustaining *The Journal* that it has established, to comply fully with the by-law I have quoted.

I respectfully call your attention, and through you that of the medical profession at large, to the last paragraph of section 2, article 1, "Duties for the Support of Professional Character," Code of Ethics, to-wit: "It is also reprehensible for physicians to give certificates attesting the efficacy of *patent* or secret medicines, or in any way to promote the use of them." The fact that proprietary medicines were not included in this paragraph has left the door wide open for the greatest abuse and injury both to the profession and the public. Practically there is no difference between a patent medicine and a proprietary one. In the former the constituents are not known, and although given in the latter, there rests an ownership in their combination that prevents them being compounded by others. Professional men of high repute

who lend their names as endorsers to any proprietary medicine should be looked upon by the profession as aiders and abettors, and should be proper subjects for discipline in any honorable medical society. It is one of the crying evils of the day, and does injury both to the profession and the public.

The stigma of professional disgrace should rest upon any regularly educated physician who allows his name to be advertised as the endorser of any patent, secret or proprietary medicine.

The British Medical Association is peculiar in its organization, consisting of the parent stem and its branches. It has been suggested that this Association be modeled upon the same plan, by the formation of branches in the different State and Territories.

Upon a careful examination of the Constitution of the British Association and its branches, I am unable to discover any superiority to that of this Association and its affiliations.

In practical application our own system meets the same ends. Late leading articles in *The Journal* of the Association have so well discussed the question that it needs no further elucidation from me. However, its reference to a committee to report next year might be profitable, as any information or change that can add to the improvement and advantage of the Association should be adopted.

It is with great pleasure that I am able to inform you that the action taken at the meeting in Washington, inviting the Ninth International Medical Congress to meet in the Capital City of the United States in 1887, is being fully consummated. The general officers of the Congress and Council, and the officers of the Sections, are gentlemen of renown in our country, who add lustre to American medicine. Full and complete arrangements will be made for the meeting, and our foreign friends will receive a cordial welcome. Upon the reception of the report of your committee on the preliminary organization of the Congress, I believe you will find it satisfactory, and upon its adoption the further charge of the Congress will pass into the hands of the Executive Committee, as provided in Rule 10, thus relieving this Association of its responsibility in the matter.

As the authority of this body to act for the medical profession of the United States has been questioned, it may be proper for the information of many of the members to briefly present, in a concise manner, the relations of the Association to the coming International Congress.

A Medical Congress to be International must necessarily be composed of members from different nations. Eight of these Congresses have been held in Europe, if we may except the International Medical Congress held in Philadelphia, September 4, 1876, the last of which was held in Copenhagen, Denmark.

At the meeting of this Association in Washington, D. C., in May, 1884, the President, Dr. Austin Flint, Sr., suggested the propriety of inviting that body to meet in this country. The suggestion was referred to a committee, who reported favorably. A committee was appointed to present the invitation. This committee was made broad, so as to represent the whole profession of the United States. The invitation was accepted. This committee was further authorized, in the event of the invitation being accepted, to add to their numbers, and proceed to perfect an organization with rules for its government. This the committee did, in accordance with custom and the rules governing the action of committees. This committee made its report to this Association at its next meeting, which was held in New Orleans, the 28th day of April, 1885. By this action of the committee they fully recognize their responsibility to this body, and not to the profession at large.

This report was not satisfactory, and the committee was enlarged by adding a member from each State and Territory, the Army, the Navy, and Marine Hospital Department. To this action the original committee demurred, and declined to take any further interest in the arrangements. That the Association was correct in its action I have only to refer you to *Cushing's Manual of Parliamentary Law*, the authority in this country, page 154, paragraph 262. When this committee made their report, and it was accepted, the committee was virtually discharged, (page 168, paragraph 290). The report was not adopted. What had passed in the committee was of no validity. It was in the power of

the Association to discharge the committee from further consideration of the subject, to refer it back to them with instructions, or to enlarge the committee. The latter plan was adopted.

It was claimed that there was an ambiguity in the resolution appointing the original committee in reference to their powers and duties. Whatever that ambiguity was, the committee itself settled the question by making their report to the Association, thereby acknowledging the authority of their powers and duties.

I cordially unite with the general sentiment of the medical profession that the report of your committee be adopted, and that those of our brethren who may be somewhat disappointed at results will yield their personal feelings to the common good, and by their work demonstrate to our foreign friends that, although there have been warm feelings, warmly expressed, they can rise above their personalities in the great question of Medical Science and National Hospitality.

Gentlemen, matters of importance arising out of the ordinary proceedings of the Association may come before you at this meeting, and questions may arise affecting its honor and integrity. Even the existence of this Association, so dear to the hearts of the medical profession of these United States, may be hazarded. Upon you as its representatives will rest its preservation. Thirty-nine years of existence has entitled it to your support. Its work and beneficent influence are on record, and speak for themselves. May I ask of you, as its President, to give careful consideration to any and all matters that may affect its interest and permanency, so that when you return to your constituency you can tell them that, although the Association has been attacked by foes within and foes without, it yet stands as the representative of the American medical profession.

In conclusion, may I kindly ask of you the amenities due to the office to which you have so kindly promoted me, and your cordial support. It shall be my endeavor to be impartial, and to perform the duties of the chair according to strict parliamentary rules.

The honor of being elected by you as President of the American Medical Association is one that words cannot express. For

thirty-two years I have, whether present or absent, had its interests deeply at heart, and when my term of office expires I will gladly return to the ranks with the same zeal for its interests which I felt when I first became a member in this great city of the South-west, St. Louis, Missouri, at the meeting of the Association here in 1854.

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## PROTECTION FOR MEDICINE.

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BY

J. W. DAVIS, M.D., SMYRNA, TENN.

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*Editor Southern Practitioner.*—I see in the May number of your most excellent Journal, that the Tennessee State Medical Society is still wedded to its folly in harping upon the same old string, for a law to regulate the Practice of Medicine in Tennessee, to elevate the standard of medicine among us, and to protect the people from the *Quacks*. Well, well, when the people want protection, won't they have sense enough to ask for it? And to elevate the standard of medicine in our grand old State whose medical escutcheon has ever been as bright as burnished steel! No taint, no blur or blot, no stain, not a whisper, has ever been seen or heard against the fair name and fame of our grand old men who composed the membership of the brilliant society of the old Volunteer State. Well do I remember the old-time doctor of fifty years ago, as he whirled along the lanes, and up and down our beautiful roads in his gig, with ruffled shirt and gold buttons, the pride of each neighborhood. He cared no more for a quack than he did for a little fice dog,

And here comes a set of men calling themselves doctors, with trembling limbs and shaking knees, to take the place of these grand old men, and in their fear and trepidation, with a lack of self-confidence, ask the aid of the law to protect them from the quacks and quack nostrums. Did mortal eye ever see such a fall

of pride, of manhood, as the poor shivering things present, when they come into our legislative halls with their hats under their arms, and petitions in their trembling fingers, asking for a law to protect them from the quacks. Our old State Society is growing beautifully less each ensuing year, and if they don't stop their folly it will die out soon.

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### *Selections.*

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**THE TOPICAL USES OF EARTHS.**—Dr. Hewson, of Philadelphia, read before the Medical Society of the State of Pennsylvania, at its last meeting, an interesting paper on this subject. For sixteen years he has used different kinds of earths as topical applications in various diseases which involved the skin—small-pox, measles, scarlet fever, erysipelas, etc. He has used it in form of paste, and dusted dry upon the surface.

Clay has proven to be the best application, either dry or in paste. The reports of cases made, show the undoubted efficacy of the application on the local and constitutional conditions. To quote from his article:

"In all cases of these four diseases which have fallen under my care since 1872, I have, without discrimination, always used applications of clay, and following these applications I have always noticed:

"First.—A direct and rapid reduction of temperature.

"Secondly.—An allaying or, more positively, a dissipation of pain or distressing local sensations which belong to each of these diseases.

"Thirdly.—A diminution of the duration which is characteristic of each.

"Fourthly.—The allaying of the intensity of the general or constitutional symptoms belonging to each.

"Fifthly.—The prevention of the complications which occur



so frequently as to have long been recognized as characteristic of each special disease.

"Sixthly.—The destruction of all contagiousness and powers of propagation of each.

"It is but right that I should here state my mode of application, which will explain my association of measles with scarlet fever, and small-pox with erysipelas. Thus, in the various forms of scarlatina and rubeola, as well as German and French measles, I have always pursued the plan of dusting the powdered earth all over the cutaneous surface. There has always followed a rapid reduction of temperature, as shown by the thermometer in the patient's mouth, as well as in the axilla or groin. This reduction has generally been about  $5^{\circ}$  Fahrenheit when those diseases were in the stages of invasion, and  $10^{\circ}$ , or even as much as  $15^{\circ}$ , when the applications of the earth were not made until those diseases had progressed beyond that stage.

In erysipelas and small-pox, I have always applied the clay directly to the skin in the form of a smooth paste, made by mixing it freely with water in a glass or china mug by means of a wooden spatula, for the reason that I wished it to hold fast and constantly to the part, a result which is always commensurate to the full whipping given to the paste. The water is here so rapidly devoured by the earth that there is always at first a marked increase of temperature of the dressing. This warmth, which is appreciable by the patient as well as by the attendant who has made the application, lasts over an hour; indeed, until the clay has become dry.

"Allowing for the difference due to the mode of application, my results show a most positive and continuous reduction of temperature following the application.

"The preliminary temperature—that taken before the first dressing was applied—has always been recognized by me as indicative of the severity of the disease according to its stage; and I have always been satisfied with that taken at the end of the first twenty-four hours as showing the effects of the earth on the disease—the greater reduction showing the greater destruction of the morbid process, or of its influence on the patient's condition.

"This reduction, during the first period of twenty-four hours, has always been greatest in measles, next in erysipelas, scarlet fever, and, last, in small-pox—that of measles averaging  $10^{\circ}$ , of erysipelas  $8^{\circ}$ , scarlet fever  $6^{\circ}$ , and of small-pox  $5^{\circ}$ , a difference occurring in all of them according to their being, when this application is made, in their initiative, full, or fading stages. The change of temperature on the second period of twenty four hours has never been found to be much, if any, save that in scarlet fever it was always as great as during the first period.

"In the third period, erysipelas has always ranked first, then measles. Where the cases had been treated in this manner *ab initio*, they often showed no increase over healthy temperature, the difference being often evidently due to that of the mode of application used; erysipelas and small-pox showing more than measles and scarlet fever, because, with the former, whatever renewal of dressing had to be made was without taking the original off, but by adding another layer of the paste on."—*Buffalo Med. and Surg. Jour.*

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LIGATION OF FEMORAL ARTERY FOLLOWED BY PROMPT ARREST OF GANGRENE—A CASE FROM THE "WAR RECORDS."—In a looking over some of my old notes of cases occurring during my connection with Federal hospital, No. 21, in Richmond during the year 1864, an interesting one is brought to my mind.

This hospital was situated on the corner of Cary and Twenty-fifth streets, with G. W. Semple, M.D., surgeon in charge. The patient to whom I have reference was a Scotchman, I think, weight about 165 lbs.; was brought to ward "D." A field operation had been performed—amputation of lower third of thigh. Gangrene set up in the stump before the patient was received into the hospital. The local treatment employed at that time was grated carrot and ice, charcoal poultices, spts. turpentine, etc. Internally a vigorous tonic and supportive course was adopted. Owing to continued sloughing, hæmorrhage after hæmorrhage occurred from the artery, and the last one came near

proving fatal. I made use of diffusible stimuli, and after reaction was established, I determined to ligate the femoral artery. I made an incision in Scarpa's triangle and ligated the artery, the time occupied in the operation being seven minutes, as I was afterwards informed by my friend Dr. Philip St. George Hopkins, who, with watch in hand, timed the operation. The remarkable part of this report does not consist in the rapidity with which the artery was ligated; this is merely introduced to show that a patient need not be kept under an anæsthetic for an hour or more to do what may be done in a few minutes. The interesting feature is the *promptness with which the gangrene and sloughing were arrested*, for the patient began to improve immediately after the operation and continued to a complete recovery, and I soon took him down on a flag-of-truce-steamer on parole. I have often thought of this case and should be glad to know of the whereabouts of this patient, if still alive. I have been careful to state the circumstances, the hospital and ward as well as the year of the operation, and, if through your exchanges, the whereabouts of this soldier could be found, it would be a gratification for me to be placed in communication with him.—*W. H. Gibbs, M.D., of Richmond, Va., in Southern Practitioner.*

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**HEPATIC ABSCESS.**—The three varieties of idiopathic, traumatic, and metastatic abscess of the liver occur in all countries and all climates, in varying proportions according to the relative frequency of their predisposing and exciting cause.

There is no such thing as a spontaneous hepatic abscess. Every suppuraton of the liver has, if not a predisposing, at least an exciting cause.

The predisposing causes are of two kinds: (a) A constitutional tendency to liver disease. (b) An acquired tendency from an over-indulgence in food and drink. The exciting causes are equally of two kinds: (a) One generated within, suppurations, gallstones, and embolisms.

Pathologically speaking, all abscesses of the liver naturally divide themselves into two groups: (a) Those essentially prim-

arily local, including the two forms of idiopathic and traumatic. (b) Those essentially secondary, including the pyemic and metastatic varieties.

The pathology of forms of liver abscess is the same, though materially modified by the nature of their exciting causes.

Hepatic abscesses vary in size from that of a walnut to that of the whole liver. Two and a quarter gallons of pus have been evacuated from one. Sometimes the entire liver tissue is broken down and the capsule of Glisson simply forms the sac of the abscess.

Abscesses are far more common in the right, than in the left lobe of the liver. When multiple they are frequently met with in both lobes.

An abscess may form in the liver at any period of life between early infancy and advanced age.

Suppuration may occur in an atrophied as well as in an hypertrophied, in a fatty as well as in a cancerous liver.

Jaundice is in no case a necessary concomitant of liver abscess. Indeed, it is most frequently absent.

The signs and symptoms are nearly identical in the three varieties, the constitutional peculiarities of the patient alone modifying them.

Hepatic abscess is more common among men than women.—*Dr. Geo. Harley, London Medical Press.*

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**THE NATION'S HEALTH.**—The report of Dr. John S. Billings, Surgeon of the United States Army, on the mortality and vital statistics of the United States has been received by the Secretary of the Interior. Dr. Billings divides the country into twenty-one districts, the physical characteristics of which are more or less distinctive. The total population in 1880 was 50,155,788, an increase of 11,597,412 in ten years. Of this increase 281,219 per annum may be taken as due to immigration, which would make the mean annual increase due to excess of births over deaths, 878,522. The mean annual birth rate for the United

States is given at 36 per 1,000. During the census year there was a comparatively low death rate and high birth rate.

As among the different classes of citizens, the report shows the death rate to have been larger in the colored than in the white population, and among the latter higher in the foreign element than among those of American parentage. The death rate was also greater in cities than in rural districts. The most important causes of disease and death were consumption, pneumonia, diphtheria, typhoid fever, malarial fever, and the various ill-defined forms of attack to which children under one year of age are particularly subject. During 1880, the detachment added to the great army of the dead amounted to 756,893. Of all causes, consumption was the most fatal. Its victims numbered 91,270. By localities, and in proportion to the population, more deaths occurred from consumption at Charleston, S. C.; from pneumonia, at New York; from homicide, at Richmond; and from suicide, at San Francisco.—*Scientific American*.

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**INFANTILE PARALYSIS:**—Dr. William Murrell, in a recent lecture, laid down the following plan of treatment for infantile paralysis, which seems, in his hands, to have proved very successful: The treatment, medicinally speaking, consists in the administration of aconite during the acute stage, followed, after a lapse of three or four days, by physostigma, combined, still later, with phosphorus. Simultaneously with the latter portion of the medicinal treatment, *massage* is practiced, after the plan pointed out by Metzger, of Amsterdam, and Van Mosengeil, of Bonn. This method is divided into four series, or gradations: 1st. surface rubbing (*effleurage*); 2d. Friction, which is a more vigorous application of the preceding movements; 3d. Kneading (*pétrissage*); 4th. A form of percussion (*tapotement*). The *massage* must be conducted on a dry skin and with dry hands. If the cases are taken in hand early, a rather marked improvement is soon manifest, the temperature of affected limb approaching the normal, and the nutrition of the tissues acquiring a new stimulus. Combined with the above, other medicinal agents, such as the

hypophosphites, extract of malt and cod-liver oil, are used.—*Neurological Review.*

**A SUBSTITUTE FOR FEHLING'S SOLUTION.**—Prof. Holland gives the following as a test for sugar; it is very efficient, easily prepared, and is not spoiled by keeping:

Cupric sulphate.....3i

Glycerine.....5i

To make the test add five drops of this solution to one drachm of liquor potassæ in a test tube. Boil a few minutes to test the purity of the fluid. Should it remain clear, then add a few drops of urine. If glucose be present in quantity there is at once thrown down a red precipitate, just as in the ordinary Fehling test. To detect minute amounts of sugar, not shown by the above procedure, after making the test as above, add half a drachm of urine; boil and set aside. If sugar be present even in very minute quantities, the liquid as it cools will turn of an olive green color and become turbid.—*Canadian Practitioner.*

**ANTIPIRYN AS A HÆMOSTATIC.**—E. Casati (*Raccoglitore Medico*, August, 1885) reports the successful application of antipyrin in four and five-per-cent. solutions as a hæmostatic. The results attained by its use seem to warrant the following conclusions: 1. Antipyrin is a powerful hæmostatic. 2. It is superior to perchloride of iron, because after its use the wound remains entirely clean. 3. It is superior to ergot, because only in extremely large doses does it manifest a toxic action, while according to Huchard, it exerts a hæmostatic action whether applied directly to the bleeding part or administered internally. 4. In many cases it is to be preferred on account of its antipyretic as also perhaps for its antiseptic effect. 5. The hæmostatic action is manifested in a very short time. 6. Further observation is necessary to determine its value in controlling secondary hæmorrhage. (*Gazetta degli Ospitali*, Sept. 30, 1885).—*Pract.*

**NEURALGIA.**—A mixture of one part of iodoform to ten or fifteen of collodion, if spread repeatedly upon a neuralgic surface until it attains a thickness of one to two millimetres, is said to be quite effective in the treatment of certain neuralgias. If the first application does not speedily terminate the neuralgia, those who have used this mode of treatment direct that its application should be continued. It seems especially valuable in the relief of neuralgias of the trigeminus. It also seems of value to be applied along the spine, particularly at painful points in what is called spinal irritation. These observations are by no means new, and yet they seem worthy of further consideration.—*Neurological Review*.

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**DRESSING FOR BURNS.**—The local application consisted of *tannin* dissolved in *sulphuric ether* in such proportions as to give a syrup-like consistence. This was applied directly to the parts. The patient seemed to be bordering on convulsions from sheer pain, but instant relief followed the application which dried rapidly and formed a *flexible, non-elastic* coating. It excluded the air as effectually as collodion does, while it did not contract or become stiff as the latter does. It proved to be a most perfect dressing—fulfilling every indication.—*Periscope*.

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**CARDIAC DROPSY.**—Dr. Iendrassic has found in cases of cardiac dropsy that calomel causes well marked diuresis, which dissipates the dropsy and oedema. The effect, "a sort of diabetes insipidus," comes on in twenty-four hours by giving one and a half grains of the drug three to five times a day. Salivation and sore mouth are prevented by using a gargle of chlorate of potash from the first.—*Med. and Surg. Reporter*.

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**BUFFALO** has four medical journals, two medical colleges, and six medical societies and medical clubs, to say nothing of the irregular organizations.

## *Editorial.*

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### AMERICAN MEDICAL ASSOCIATION.

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*Thirty-Seventh Annual Meeting, Held in St. Louis, Tuesday, Wednesday, Thursday, and Friday, May 4, 5, 6, and 7, 1886.*

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#### TUESDAY'S PROCEEDINGS.

The meeting was called to order at Music Hall, Exposition Building, by Dr. LeGrand Atwood, Chairman of the local Committee of Arrangements, at 11.15 A. M., about eight hundred being present. Dr. Atwood introduced the President, Dr. William Brodie, of Detroit. A prayer was offered by the Rev. Montgomery Schuyler, D.D.

The address of welcome was then made by the Hon. D. F. Francis, the Mayor of St. Louis, who stated that it was highly appropriate that the Association should hold its convention in the healthiest city in the Union, the home of Pope, McDowell, Hodgen, and others distinguished in the profession, to which he welcomed those present for their own sakes. Mr. Francis then alluded to the antiquity of medical practice, even in barbarous countries, and eulogized its practitioners of the present day, mentioning many immortal names which the world delighted to honor. No branch of science was advancing more rapidly, or was more successfully taught, than medicine.

Dr. Atwood then said a few words in behalf of the local profession, who had been earnest in their endeavors to make the meeting successful and agreeable. He called attention to the fact that it was thirty-two years since President Brodie was elected to membership in the Association, at a meeting held in St. Louis, and now he was here again to preside over its deliberations. It was highly appropriate for the Association to meet at the home of so many distinguished physicians.

The President invited the ex-Presidents of the Association to seats on the platform.

#### PROTESTS AGAINST THE ADMISSION OF CERTAIN DELEGATES.

Protests were offered against the admission of delegates from the



Philadelphia County Medical Society, the New York Academy of Medicine, the Davidson County (Tennessee) Medical Society, the Tri-States (Illinois, Kentucky, and Indiana) Medical Association, and the Mississippi Valley Medical Association. The protests were referred to the Judicial Council, together with a most emphatic protest by Dr. Roberts, of Tennessee, against the admission of delegates from his own State Society. Several applications for membership by invitation were then read and granted.

The President then delivered his address, which we are pleased to lay before our readers in full, in our "Original Department."

On motion of Dr. Murphy, of Minnesota, the thanks of the Association were tendered the President for his able address, which was referred to the Committee on Publication.

#### THE INTERNATIONAL MEDICAL CONGRESS.

Dr. John M. Lynch, of Maryland, presented a brief report of the committee to settle the preliminaries for the visit of the Ninth International Congress. It simply stated that after mature deliberation the committee had drafted rules, appointing a local Committee of Arrangements at Washington, and had taken other necessary steps.

Dr. A. L. Gihon, of the navy, moved that the report be accepted and adopted, which prevailed unanimously.

#### AMENDMENTS TO THE BY-LAWS.

Dr. N. S. Davis alluded to the proposed amendment relating to paragraph 3, section 2 of the by-laws, providing for the nomination of the chairman and secretaries of the sections by the Nominating Committee, to transfer the duty from this committee to the several sections themselves, and he explained that he did so because the Nominating Committee was not sufficiently acquainted with members, and frequently nominated those who were the least inclined for work. A motion to lay the amendment on the table was negatived. He moved its adoption. Carried.

A motion was then made by a member, duly seconded, to reconsider the vote. A rising vote was called for.

Dr. Gihon moved to lay the motion to reconsider on the table. Carried.

#### THE NOMINATION OF OFFICERS OF SECTIONS.

Dr. Davis spoke of the method of nominating officers which was laid on the table last year. He fulfilled his promise to bring up the subject this year, to change the present order of nominating officers of sections.

Dr. Kinloch, of South Carolina, protested against the attempt to make specialists of all the members. It was all very well in the North and in the Eastern States, but there were many who did not want to be restricted to any particular section, as they would be by the proposal.

Dr. Eugene Smith, of Michigan, opposed the amendment on the ground that it would give aspirants to chairmanships an opportunity of packing meetings with their supporters.

Dr. Murphy thought the proposal was all very well for the Eastern States, but in the West, men could not always be specialists. The existing rule worked well; he hoped the motion would not prevail, and he should oppose the amendment.

Dr. Dudley S. Reynolds, of Kentucky, spoke in opposition to the amendment.

A member moved that further action on the whole matter be deferred until after the question of receiving delegates had been settled. Not seconded.

Dr. Staples, of Minnesota, said the sections would only nominate and not elect, so that there would be no use in log-rolling.

Dr. Murdock, of Pennsylvania, supposed it was important that the Association should not be turned into a political organization. They had met to discuss medicine and science, and not wire-pulling.

Dr. W. W. Allport, of Chicago, strongly advocated the adoption of the amendment.

Further discussion *pro* and *con* was participated in by others, and, on the amendment being put again, the President decided by a show of hands that four-fifths were in favor of its adoption.

#### WEDNESDAY'S PROCEEDINGS.

##### THE COMMITTEE ON THE PRESIDENT'S ADDRESS.

The Committee on the President's Address was announced as follows: Dr. Murphy, Minnesota; Dr. Gihon, District of Columbia; Dr. Garcelon, Maine.

The Committee on Nominations was then announced: Alabama-Arkansas, Dr. P. O. Hooper; California-Colorado, Dr. J. W. Graham; Connecticut, Dr. W. C. Wile; District of Columbia, Dr. J. W. Bulkley; Dakota Territory, Dr. J. B. Van Velsor; Delaware-Florida, Dr. T. O. Summers; Georgia, Dr. J. W. Bailey; Illinois, Dr. J. E. Owens; Indiana, Dr. T. B. Harvey; Iowa, Dr. W. Watson; Kansas, Dr. C. V. Mottram; Kentucky, Dr. W. H. Wathen; Louisiana, Dr. Joseph Jones; Maine, Dr. Charles E. Webster; Massachusetts, Dr.

E. W. Cushing; Maryland, Dr. G. H. Rohé; Michigan, Dr. H. O. Walker; Mississippi, Dr. P. W. Rowland; Missouri, Dr. G. F. Dudley; Minnesota, Dr. H. H. Kimball; Nebraska, Dr. W. M. Knapp; New Hampshire-New Jersey, Dr. E. L. B. Godfrey; New York, Dr. E. S. F. Arnold; North Carolina, Dr. C. J. O'Hagen; New Mexico, Dr. W. R. Tipton; Ohio, Dr. H. J. Sharp; Oregon-Pennsylvania, Dr. J. C. Lange; Rhode Island, Dr. H. R. Storer; South Carolina, Dr. R. A. Kinloch; Tennessee, Dr. D. Eve; Texas, Dr. J. F. Y. Paine; Vermont, Dr. A. T. Woodward; Virginia, Dr. G. B. McCorkle; West Virginia, Dr. G. W. Baird; Wisconsin, Dr. W. T. Galloy; United States Army-United States Navy, Dr. W. T. Howard; United States Marine-Hospital Service, Dr. W. Wyman.

Dr. Savage, of Tennessee, protested against Dr. Eve being placed on the Nominating Committee before the question of accepting delegates from that State was decided. The protest was not noticed.

It was then announced that the Rocky Mountain Medical Society would meet in the Lindell House that evening at 8 o'clock.

#### THE ADDRESS IN ANATOMY AND SURGERY.

The address of Dr. Nicholas Senn, of Wisconsin, Chairman of the Section in Anatomy and Surgery, was a very lengthy and elaborate discussion of the present status of abdominal surgery. He did not encroach upon the field of the gynæcologist, but limited his paper to the consideration of injuries and lesions of the abdominal region as they presented themselves to the physician and general surgeon, and endeavored to draw the line distinctly between the feasibility and justifiability of operating in certain cases. He first considered at great length "penetrating wounds of the abdomen." The papers of Dr. Dennis and Dr. Bryant were cited as showing the deep interest felt in this class of cases. A difference should be made between "penetrating" and "gunshot" wounds of the abdomen.

In stab wounds there was greater tendency to prolapse of the intestine. The number of recoveries from stab wounds was so great as to contra-indicate laparotomy unless the symptoms were such as to indicate injury of the viscera. If such symptoms were present, exploratory laparotomy should be done.

Dr. Dennis was of the opinion that, where volvulus was present in cases of "stab" wounds, exploratory laparotomy should be performed. In "gunshot" wounds of the abdomen the course of treatment was more definitely settled. These wounds were so uniformly fatal that,

on the slightest suspicion of injury of the intestine, laparotomy should be performed as affording for the patient the only chance of relief.

Dr. Senn was of the opinion that in cases of stab wounds of the abdomen with visceral injuries, the physician would not have done his full duty if he allowed his patient to die without at least suggesting abdominal section as a means of relief. As a disinfecting solution, corrosive sublimate was much to be preferred to carbolic acid. The operation of abdominal section had for its object positive diagnosis, arrest of hæmorrhage, and the removal of extravasation. Wounds of the intestine should be closed by the Lambert-Czerny suture. The Doctor in his report considered very fully laparo-colotomy in its various aspects, and then passed on to the consideration of subcutaneous lacerations of the intestine. These cases, in the author's opinion, were more frequent than was generally supposed. They had proved universally fatal under the expectant plan of treatment. The symptoms might not be such as to indicate serious mischief until fermentation took place, as a contusion might occur and no symptoms be present until suddenly there was collapse with all the symptoms of perforation of the intestine. Dr. Weir placed the greatest stress upon the two symptoms, emphysema and collapse, as indicating soon after the injury the disorder of the intestine.

The two important points in searching for this class of injuries were the duodenum and jejunum. Hæmorrhage was an important element of danger. The next subject considered was "Intestinal Obstruction" and the operation of laparotomy therefor. Irrigation of the stomach had been advised by Kussmaul, but the results obtained were not thus far the most satisfactory. The operation of "entero-lithiasis," on account of the extreme length of the paper, was passed over, as also those of rupture of the diaphragm and enterectomy. Entero-stenosis offered one of the most favorable fields for the operation of laparotomy and for recovery. In the reader's judgment, the operation of laparotomy in internal strangulation was followed by such a large mortality because of the time that elapsed before the operation was performed. The condition was easily recognized, but the position of the strangulation was determined with difficulty. Peritonitis did not contra-indicate the operation of laparotomy, but the operation should be done before this condition was present; the rule should be to operate early. The treatment of acute diffuse peritonitis by laparotomy and drainage was next considered in a very interesting manner.

The speaker was of the opinion that primary tuberculosis of the viscera could be well treated by laparotomy and local treatment. In malignant disease of the œsophagus the mortality was so great, with or without operation, as to make it advisable that no attempt should be made to relieve the patient by abdominal section. In non-malignant disease the operation should be done always. The results thus far obtained from the operation of pylorotomy were such as to make it wise that the operation should be, at least, temporarily abandoned. On motion, the report was referred to the Committee on Publication.

"Hysteria and its Relations to Diseases of the Uterine Appendages" was the title of the address by Dr. S. C. Gordon, of Maine, Chairman of the Section in Obstetrics and Diseases of Women, and dealt principally with the subject of Battey's operation. It consisted largely of extracts from Dr. Hammond's book on nervous diseases, and the recital of the results of the operation for removal of the uterine appendages.

The report was referred to the Committee on Publication.

The report of the Rush Monument Association was read by Dr. Gihon. The committee reported that, in observance of the resolution of April 30, 1885, at the Thirty-sixth Annual Meeting of the Association, at New Orleans, the Rush Monument Committee had been instituted by the appointment of one member from each State, Territory, and national service represented in the Association, and the Standing Committee thus organized would forthwith proceed with the duty intrusted to it by the Association—to wit, the collection of funds for the erection of a statue to Dr. Benjamin Rush in the city of Washington by the members of the profession of medicine in the United States. The committee would at once undertake the work of obtaining subscriptions, which had been limited by the Association to one dollar from each member of the profession of medicine in the United States, and of receiving such voluntary donations as might be made by persons interested in this great undertaking.

The report was accepted, and it was further announced that Riggs's Bank, in Washington, D. C., would be made the depository of the funds of the Association.

#### A SECTION IN MEDICAL JURISPRUDENCE.

Dr. Quimby, Chairman of the Committee on the Formation of a Section in Medical Jurisprudence, moved to take the resolution from the table. It was carried, and the amendment to the constitution, so

as to form the section on medical jurisprudence, was adopted by the Association.

#### THURSDAY'S PROCEEDINGS.

##### OFFICERS FOR THE ENSUING YEAR.

The Committee on Nominations reported as follows: For President, E. H. Gregory, of Missouri; for First Vice-President, E. H. Miller, of Minnesota; for Second Vice-President, W. B. Welch, of Arkansas; for Third Vice-President, W. H. Pancoast, of Pennsylvania; for Fourth Vice-President, W. C. Wile, of Connecticut; for Permanent Secretary, W. B. Atkinson, of Pennsylvania; for Assistant Secretary, J. N. Hyde, of Illinois; for Treasurer, R. J. Dunglison, of Pennsylvania; for Librarian, C. H. A. Kleinschmidt, of the District of Columbia.

Committee on Necrology, Chairman, J. M. Toner, of the District of Columbia, and one member from each State.

##### FOR OFFICERS OF SECTIONS.

*State Medicine.*—Chairman, G. A. Kitchen, of Alabama.

*Obstetrics and Gynecology.*—Chairman, S. M. Johnson, of Kansas; Secretary, W. W. Jaggard, of Illinois.

*Practice of Medicine.*—Chairman, John S. Lynch, of Maryland; Secretary, F. Marvin, of Kentucky.

*Surgery.*—Chairman, H. H. Mudd, of Missouri; Secretary, J. H. Roberts, of Pennsylvania.

*Oral and Dental Surgery.*—Chairman, J. S. Marshall, of Illinois; Secretary, E. S. Talbot, of Illinois.

*Judicial Council.*—Chairman, N. S. Davis, of Illinois; H. Brown, of Kentucky, W. Brodie, of Michigan, Deering J. Roberts, of Tennessee, R. C. Moore, of Nebraska, E. A. Foster, of Maine, and J. A. Gray, of Georgia.

*Trustees of the Journal of the Association.*—P. O. Hooper, of Arkansas, A. Garcelon, of Maine, and L. S. McMurtry, of Kentucky.

Chairman of the Committee of Arrangements, Charles G. Smith, of Illinois.

The next meeting to be held in Chicago, the first Tuesday in June, 1887.

#### METEOROLOGICAL CONDITIONS AND THEIR RELATIONS TO THE PREVALENCE OF DISEASES.

The committee made a report through its Chairman, Dr. N. S. Davis. The report of the Special Committee on Cremation was read by Dr.

J. M. Keller, of Arkansas. The committee moved to amend the original resolution so as to read:

*“Resolved, That cremation or incineration of the dead has become a sanitary necessity in populous cities, and that this Association advises its adoption.”*

The amendment was adopted by a vote of 159 to 106.

The report of the Committee on the President's Address recommended that Congress should be memorialized to appoint a scientific commission to visit the habitats of yellow fever in Cuba, Mexico, and Brazil to investigate the statements of Dr. Carmona and Dr. Freire, that they have discovered a means of preventing or modifying the attacks of that disease. They could not agree upon the question of the suggested recession from the recommendation of the metric system; they approved of establishing a section in dermatology and syphilis and of the proposal that the several sections should elect their own officers. Among other suggestions that were approved of by the committee was that which referred to a change in the organic law of the Association whereby branches might be established, and it was recommended that a committee be appointed to consider the matter and report at the next annual meeting. The report was adopted and referred to the Committee on State Medicine.

The Address in Medicine, treating of some important points in bacteriology, was read by the Chairman, Dr. James T. Whittaker, of Ohio, and was referred to the Committee on Publication.

The Address in State Medicine was read by the Chairman, Dr. John H. Rauch, of Illinois, who defined State medicine as the office of the sanitarian promoted by the State. He predicted its perfection, and its extinction when every member of the community should have become by education a sanitarian, making the interference of the State unnecessary. He referred to the regulating of medical practice by the State, which was now done by thirty-three States and Territories. He stated that there were one hundred and twenty medical colleges in the United States, in which the facilities for teaching and the competency of the instructors would compare favorably with those of similar institutions in any part of the world. The number of physicians in the United States was stated as 106,947. He recommended that the Association place itself on record as in favor of an extension of the term of study to four years, and of the period of attendance of lectures to three full terms, with ample hospital and clinical experience, as among

the requirements for graduation. He urged the appointment by the Association of a Standing Committee on Medical Legislation to frame a law for regulating the practice of medicine, which law, when it had been indorsed by the Association, should be the standard to which all existing laws must conform. State and municipal boards had done effective work in their respective spheres, but the subject of the registration of vital statistics was still in an unsatisfactory state, yet the death-rate for 1885 compared favorably with that of previous years. He said that the National Board of Health continued under the act of March 3, 1879, and that a reënactment of the law of June 2, 1879, would restore it at once to activity. He commended the work done by the American Public Health Association, which was of more than usual practical value. The Sanitary Council of the Mississippi Valley, although it had not been called upon for action, was still organized and ready for an emergency.

The address was referred to the Committee on Publication.

AN APPROPRIATION BY CONGRESS FOR THE INTERNATIONAL MEDICAL CONGRESS.

A resolution was offered by Dr. A. Y. P. Garnett, requesting delegates to use their influence with the members of Congress in their respective districts in view of obtaining an appropriation to assist the profession of this country in properly receiving and entertaining the Ninth International Medical Congress. The resolution was unanimously adopted.

The Treasurer's report, of which a summary was read by the Secretary, showed a balance of \$378.39 in the treasury.

The Librarian's report showed that there were 7,030 volumes in the library, and, at his suggestion, an appropriation of ten dollars was made for a subscription to the "Index Medicus."

A SECTION IN DERMATOLOGY AND SYPHILOGRAPHY.

Dr. Gihon offered a *pro forma* resolution, to be brought up for adoption at the next meeting, that such a section be organized.

• AMENDMENT OF THE ORGANIC LAW.

Dr. Gihon also moved that a committee of nine, to include the President-elect and the four Vice-Presidents-elect, be appointed by the Chair to consider the various propositions looking to the amendment of the organic law of the Association by the establishment of branches, or in any other way; the committee to report at the next annual meeting what measures of reorganization, if any, might be desirable.



## FRIDAY'S PROCEEDINGS.

## FINAL REPORT OF THE COMMITTEE ON NOMINATIONS.

*Section in Medical Jurisprudence.*—Isaac N. Quimby, Chairman.

*Section in State Medicine.*—George H. Rohé, Chairman; Walter Wyman, Secretary.

*Section in Diseases of Children.*—De Laské-Miller, Chairman; W. P. Lawrence, Secretary.

*Section in Practice of Medicine.*—John S. Lynch, Chairman; — Marvin, Secretary.

Gen. W. T. Sherman was then introduced and made a speech of welcome to those assembled.

## A CALL FOR THE REPORT OF THE JUDICIAL COUNCIL.

Dr. C. K. Mills, of Philadelphia, moved that the order of the day be suspended, and that the report of the Judicial Council be heard. On motion of Dr. J. B. Hamilton, of the Marine-Hospital Service, the motion was laid on the table.

## REPORT OF THE COMMITTEE ON PUBLICATION.

The committee, through Dr. Davis and Dr. Toner, submitted its report for the year ending March 31st, by which it appeared that the *Journal* had been issued regularly since the last annual meeting. The present status, from the financial and other points of view, was as follows: The circulation had been 4,020, of which 3,050 had gone to members, 850 to subscribers, and 120 to exchanges. At the close of the period covered by the report, the total circulation was 4,271, of which 3,374 went to members, 645 to subscribers, and 250 to exchanges, thus showing a net decrease of 205 in the number of subscribers. The net increase of membership had been 324, and that of exchanges 132, thus making an increase of 251 in the mailing list. The decrease in the number of subscribers was due mainly to deaths and to the fact that a number of subscribers had become "members by application," and the failure to obtain new subscribers to take their places was chiefly to be attributed to the New York new code party, and to the controversy over the International Medical Congress. The receipts of the *Journal*, from all sources, during the year had been \$5,330.46, and \$5,435 were still due from subscribers, about half of which sum, it was reasonable to assume, would be paid by the close of the present year, while the other half was due from persons who had repudiated their orders. The expense of publication had been

decreased by \$1,500. The Trustees were authorized to expend not to exceed \$6,000 for editorial work, but, on account of lack of funds, they had had to limit the amount so expended to \$3,115. The Trustees felt that the same general policy of the *Journal* should be continued, and it was announced that the present editor, Dr. N. S. Davis, had consented to serve for another year.

#### REPORT OF THE JUDICIAL COUNCIL.

Dr. J. M. Toner read the final report of the Council. Inasmuch as the constitution recognized only State societies, and county, local, and district societies which were in affiliation with State societies, the tri-States delegates had not been admitted. After thorough consideration of the protest against admitting the delegates from the Davidson County, Tenn., Medical Society, it had appeared that the evidence was not sufficient to deny them registration, but the Council admonished the society to put itself in affiliation with the State society at the earliest possible moment. The protest in the case of the Mississippi Valley Medical Association had not been accompanied by any charges or specifications; therefore the Council had not been able to take any action in the case, and the delegates had been admitted. A like report was made in the case of Dr. W. Dixon, of Henderson, Ky. Concerning the matter of the Philadelphia County Medical Society, the case had been reopened on account of the presentation of new testimony, and, notwithstanding the fact that the delegates held documents from the society, it had appeared that the methods of their election had been such as to call for their rejection as delegates. The report also recommended that their dues be refunded, and the whole matter referred back to the Philadelphia County Medical Society. The report was adopted. (On the preceding day the Council had decided to admit the delegates, and had sent a report to that effect to the Secretary, but, before it could be reached in the order of business, the additional testimony was received, which caused them to withdraw the report and ask for further time. This step was taken, it was said, to keep out a factional spirit that might cause disorder and possibly the disruption of the Association.)

The address in Ophthalmology and Laryngology was then delivered by the Chairman of the Section, Dr. Eugene Smith, of Michigan. It related chiefly to the use of cocaine in ophthalmic practice, to mumps as a cause of unilateral deafness, and to the discovery of the relations of certain conditions of the nasal passages to disorders of the lower

portions of the respiratory tract and such other disorders as asthma, chorea, and epilepsy. Intubation of the larynx had been revived, and with such marvelous results as to make it probable that this operation would take the place of tracheotomy. The address was referred to the Committee on Publication.

#### PROPOSED REGULATION OF MEDICAL STUDY AND PRACTICE.

Dr. J. H. Rauch, Chairman of the Section in State Medicine, offered the following resolution: That, in accordance with the suggestions contained in his address, the Association direct the Section in State Medicine to prepare and report at the next annual meeting a form of law regulating the conditions required as preliminary to the study of medicine, for graduation, and for the license to practice, to be urged upon the several States, in order to secure uniformity in methods and results throughout the United States. Adopted.

#### THE CHOICE OF OFFICERS OF SECTIONS.

Dr. Keller introduced an amendment, to lie over for a year, placing the nomination of officers of sections in the hands of the Nominating Committee.

#### THE CASE OF THE PHILADELPHIA COUNTY MEDICAL SOCIETY.

Dr. John B. Roberts, of Philadelphia, offered a series of resolutions in regard to the action of the Judicial Council.

On motion of Dr. Ochterlony, the resolutions were laid on the table.

In consequence of limited time the addresses of Dr. W. D. Haggard, of Tennessee, Chairman of the Section of Diseases of Children, and Dr. Marshall, Chairman of the Section of Dental and Oral Surgery, were read by title.

The report of the Chairman of the Committee on Necrology was dispensed with.

A motion was introduced that the Secretary, Dr. W. B. Atkinson, be given \$200 from the treasury as an honorarium for his excellent services and for his fidelity to the interests of the Association.

Dr. Atkinson thanked the author of the motion, and stated that he could not accept the money, as the Association was in greater need of it. At his request the motion was withdrawn.

The Committee on Branches was announced to be constituted by the President-elect, the Vice-President-elect, the Secretary, Dr. N. S. Davis, Dr. A. L. Gihon, and Dr. J. M. Toner.

Dr. A. E. Baldwin, of Illinois, moved that those portions of Dr.

Robert's resolutions which reflected upon the President and the Secretary be expunged from the minutes. Carried unanimously.

Dr. Roberts tendered his resignation of the position of Secretary of the Section in Anatomy, and the Chairman of the section was directed to fill the vacancy.

The new President was then escorted to the chair, and briefly thanked the meeting for the honor conferred upon him.

At 12:15 P. M. the meeting adjourned, about 1,165 members and delegates having been present from first to last.



**THE DOCTOR'S FRIEND.**—We think that all of our readers who were present either at the New Orleans or St. Louis meetings of the American Medical Association, will recognize the above illustration, which was executed for the *SOUTHERN PRACTITIONER* by Mr. Russell, who now has charge of the photo-zinc process for the *Nashville Daily American*. By this process, an engraving of a photograph, pen or pencil drawing can be placed in the hands of the printer ready for the

press in a few hours, the reproduction being exact and correct to a line—either enlarged or reduced from the original. Our contributors, hereafter, who desire to illustrate their articles, need only to send a good clear photograph, ambrotype, tin-type, pen or pencil drawing, and we can assure them that it will be correctly *reproduced* for the benefit of the readers of their articles.

We have taken the liberty of using a photograph of our handsome friend Jordan W. Lambert, President of the Lambert Pharmacal Co., of St. Louis, to whom, as much as any one of the hospitable citizens of the "Central City of the Universe," the visiting members of the last annual meeting of the National Association are so much indebted for the success and satisfactory results of that meeting. Whenever any one wanted anything, or wanted to know anything, Lambert was always on hand; and although he certainly was the busiest man we saw in St. Louis, from the first day of the meeting to the last, he was unflagging and untiring in his interest and zeal. The handsome exhibit of the Pharmacal Co., of which he is the President, was entrusted to his very efficient and courteous aids, he giving his entire energies to the entertainment and enjoyment of the delegates and members of the Association.

Like his invaluable preparation, *Listerine*, so well and favorably known to the profession, he is appreciated at home as well as abroad, as evidenced by the following editorial in the *St. Louis Weekly Medical Review* of May 15, 1886. Hence we have no hesitation in calling him the "Doctor's Friend:"

"We think that the medical profession of St. Louis owes a debt of gratitude to Mr. J. W. Lambert, Chairman of the Citizens' Auxiliary Committee. Up to within a few weeks of the convention, uncertainty and doubt reigned supreme; but under the skillful management of Mr. Lambert, everything was soon in good running shape for work.

"His excellent tact, taste and executive ability were everywhere apparent in the planning of the various entertainments and the carrying out of the same. But the mid-week feature, the reception and ball at the Merchants' Exchange, and the grand closing climax, the steamboat excursion on Friday, was essentially Lambertian in its every detail and the result obtained.

"It seems peculiarly appropriate that the man who has so thoroughly identified himself with the members of our profession in a pharmaceutical way should have been the one selected to carry off the honors.

"As the coming years roll on, and every one connected with the Association entertainment shall have almost passed out of mind, each and every one of Jordon W. Lambert's tasty pharmaceutical reminders will recall sweet and pleasant recollections of the convention of '86 at St. Louis."

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RESIGNATION.—From the 12th Regular Announcement of the Medical Department of the University of Tennessee (the Nashville Medical College), now in the hands of the printer, and which will soon be ready for distribution, we make the following extract:

"Prof. Deering J. Roberts, M.D., after nine years of faithful, able and satisfactory service, has resigned the chair of Theory and Practice of Medicine, but fortunately for the institution, and the importance of the chair, the faculty have created two distinct chairs of Practice of Medicine, and have assigned gentlemen well known as scientists to the same."

The gentlemen above alluded to are Dr. A. P. Waterfield, of Union City, Tenn., and Dr. J. S. Cain, of Nashville.

In relinquishing the chair in which I have labored earnestly and ardently for the best interests of honorable medicine and the institution with which I have been connected, and for which I heartily wish the most unbounded success, I think it only necessary to wish my successors, as I most sincerely do, the same courtesy, kindness and unremitting attention from succeeding classes that I have enjoyed in the past.

DEERING J. ROBERTS, M.D.

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LACTATED FOOD, manufactured by Wells & Richardson Co., of Burlington, Vt., is well worthy a trial. The coming of the hot season will necessarily be attended by more or less illness with young children. To those who have to be fed by artificial means, it will certainly prove a valuable adjuvant. It will also prove of value to dyspeptics.

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WAYNE'S ELIXIR OF JUNIPER AND ACETATE OF POTASH.—Our readers are respectfully requested to read carefully the advertisement of the above named preparation. We have made repeated trials of it, and find it a most excellent combination of mild, unirritating, yet efficacious diuretics.

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# THE SOUTHERN PRACTITIONER.

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No. 7.

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## *Original Communications.*

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### FAITH OR PRAYER CURE.

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BY

S. P. CRAWFORD, A.M., M.D., STOCKTON, CAL.

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In an article under the head of *Psycho-therapeutics*, published by me, some years ago, in the *Nashville Journal of Medicine and Surgery*, I set forth the *modus operandi*, from a physiological stand-point, of mind upon the organism. I desire in this article to elucidate the so-called *prayer cure* from the same stand-point.

That many seemingly unreasonable cures have occurred from the laying on of hands in prayer I do not question; but that there is any overstepping the laws of nature, any miraculous intervention of Divine power, in the cure of such cases, I do question. Faith, which is the essential condition of the mind in prayer, may, under certain conditions of the organism, become a therapeu-



tic agent of no mean value. But that faith and prayer must be exercised by the heart of the patient himself. Prayers of friends or church are futile as the wind that blows, where the heart of the patient is not enlisted and deeply solicitous. The condition of mind has much to do in the cure of disease. Moroseness, despondency, and forebodings of evil, are depressing to nervous energy, detrimental to remedial agents, and also to health, where no disease prevails, and are best met through the mind, where "Hope calls each slumbering passion into play." There are many functional disorders of a pure mental character that are best met through mental channels. Among this class of diseases is the greatest efficacy of the so-called *prayer cure* with the religiously disposed; but with the irreligious or unbeliever, such prayers are without avail, for the condition of mind is wanting through which the organism may be impressed as by the Christian's faith. Then, again, there are diseases of an organic nature, arising from the action of the mind upon its own organ, the body, to meet which the mind must be restored to its normal condition. Then, again, prayer and faith may be called into requisition with benefit, in those of religious faith. There is no supernatural agency, or suspension, or overleaping of natural laws in such cases. They are explicable upon physiological principles, as much so as the cure of such diseases by other means. Such cures are only of a *subjective* nature, coming through reflex action of the brain by mind force upon the organism. John Hunter, one of the greatest combined physiologist and surgeons in the history of medicine, was the first, I believe, to announce, more than a hundred years ago, the doctrine of reflex action, or the power of the mind to re-transmit impressions. He declared he could so direct his attention to a part as to cause a sensation in that part. This reflex action of the nerves of sense through the mind, producing a sensation in their peripheral extremities, we call *subjective sensation*. Under this head is explained many seemingly mysterious and miraculous things — apparitions, hallucinations, second sight, and all that there is in that modern delusion, Spiritualism. These things are explicable under the head of subjective sensations, and there is nothing more supernatural about them than

there is in an objective sensation. All knowledge that we gain of the outward world is through the nerves of sense, and is termed objective sensation. The five senses are the channels through which we hold communication with outward things. This knowledge, or sensations, is stored away in the brain to be called up again and again, and viewed mentally. We remember the faces of persons, the appearance of things, the taste of objects, the sound of voice, etc., long after the sensation were first produced by the objects. So strong is the remembrance, in some instances, under peculiar conditions of the brain, that, under reflex action of the nerves of sense, the objects are seen, felt, or heard again. The objects seen are apparitions, while those heard or felt are hallucinations. The objects are not present, but the sensations that the objects once made are re-transmitted. Right here is the solution of all that Spiritualism ever was, or can ever claim to be. If the shadow of a spirit was ever seen in any *seance*, it was the apparition of an abnormally sensitive brain. Brains thus affected are in a state of *hyperæsthesia*, standing upon the verge of mental alienation, requiring but little encouragement in that direction to dethrone reason.

In all our organs of sense, the mind possesses the power of re-transmitting through the nervous filaments to the expansion of the nerves, which are acted upon by the external objects, impressions which these nerves had previously transmitted to the brain, and the mind *sees* and *feels* them as though they were transmissions from external objects. The mind is capable, in a normal state of the brain, of exerting a salutary or malign influence upon the organism. The influence of the mind upon the body has long been recognized, but modern medicine has been so burdened with materialism, that the physician scarcely thinks of anything else but tangible agents, and makes no attempt to avail himself of *mind force* over the body as he should do. The mind has been left, almost exclusively, for quacks and mountebanks to play upon. Intangible agents are as potent for good or evil, oftentimes, as those of a tangible nature. The mind is an intangible agent, and it matters not whether it be regarded, as with some, a product of the brain, or, as with others, an emanation of

the Divine mind, its action is the same, and must be recognized as a potent agent, both in the prevention and cure of disease.

The mind acts upon the body through its elementary constituents, *intellect*, *volition*, and *emotion*. "The body may wallow in December snow by thinking on fantastic heat."

We are all familiar with the fact, that vomiting may be produced by thinking of something nauseous. This is due to reflex action of the nerve centers, called into action by the powers of the mind upon those centers. The prayer of faith operates, principally, through the emotions upon the heart and circulation. The mind, through emotional feeling, is forcibly directed into other channels, and called away from foreboding evil and pain to the Elysian fields of hope. Faith begets hope, joy, peace and resignation of mind. These hopeful emotions affect the nervous centers which are transmitted to the heart, increasing the circulatory and secretory systems, thereby improving digestion and assimilation, just as tonics and stimulants, do, the former acting from the center to peripheral extremities, the latter from the peripheral extremities to the center. In both cases virtue lies in the power of re-transmission from center to circumference. In mind force, there is in fact a re-transmission of one's self again, under which many imaginary and functional disorders vanish. Even when there are no organic troubles, this buoyant state of mind greatly aids other agents in their cure. Prayer, then, in disease, with religiously disposed minds, should not be ignored, for it is not without efficacy. Its virtue is explicable upon scientific principles as is the cure of disease by other means. But as practiced in prayer cure establishments, it is nothing but superstition and blatant charlatanism. The thing to be condemned in this so-called *prayer cure*, is the ignoring the means God has given us, and folding the arms and waiting for the Lord to do what we should do ourselves. If this is not tempting and insulting the Lord, it is asking too much of Him, to say the least of it. As well might we ask the Lord to send us a bountiful harvest, while we sit in the shade and neither plow nor sow. Prayer is beneficial only so far as the hope it inspires, and in many cases is a valuable adjuvant to other means, and in many imaginary and functional disorders may be alone

sufficient. It is divinely ordered we should work as well as pray. This seems to me to be the true *rationale* of all *theological therapeutics*.

Prayer, then, from a theological as well as a physiological standpoint, is subjective in its nature. Prayer is not to benefit God, adds nothing to His power or glory, conveys no knowledge to Him that He did not already know, creates no new emotions in the breast of the Sovereign, and does not alter or change His purpose, but simply brings us as subjects into harmony with His will or law, from which blessings follow our efforts as a natural sequence. In prayer, we are not passive spectators, but actors in the scene. In dealing with the sick in prayer, any other view is folly, nay, criminal, for we reject, oftentimes, the only means in our power of doing good.

Observe, that I have refrained from touching upon that higher theology, which is foreign to my present subject—the power of the Divine Spirit upon the spirit or mind of man in prayer, but only the power of the mind thus affected upon the organism. Prayer, in a strict theological sense, occupies a higher plane and is ordained for infinitely higher motives than material existence. That the organization through the mind may be salutarily impressed in prayer, in those imbued with the christian's faith and hope, is admitted; but to make it the whole duty to the sick is in violation of all law, as well as Divine command, which requires us to prove our faith by our *works*. The mind may be impressed by other conditions than those of prayer. In a therapeutic sense, it matters not by what method the mind is impressed, so hope, rising upon the wings of imagination, "spreads a charu for every woe."

All the virtue there is in homœopathy, lies in the imagination of the patient, and so far as the hope it can inspire is salutary, just so far may this caricature on medicine become beneficial. This is all there is in it. No man with his wits about him, who pretends to practice medicine, can believe for a moment that a dose of medicine attenuated to infinity, or water *potentiated* by moonshine, can have the least effect, save through the imagination of the credulous.

## THE TREATMENT OF ACUTE SPORADIC DYSENTERIES.

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BY

BY Q. C. SMITH, M.D., AUSTIN, TEXAS.

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There is nothing new, much less original, in this paper. It is most difficult, if not impossible, to lay down specific rules, or precise directions, for the routine treatment of any class of diseases, that will be of appropriate general application.

We speak of dysenteries in the plural, as their origin is traceable to a variety of causes and conditions more or less diverse.

When the patient is first seen, careful enquiry should be made, as to the character and amount of the alvine evacuations at the commencement, and for one or two days prior to the beginning of the disease, and careful palpation of the abdomen should be made to ascertain if there be retained solid fecal accumulations in the bowel. If the history of the case, or palpation, reveals that there are retained solid fecal matters in the bowel, and the patient be not much prostrated, then phosphate of soda should be given, one or two full doses, so that the bowels move freely once or twice; but no further purgation should be induced during the treatment of the case. But purgation, preliminary or otherwise, is rarely indicated in the treatment of dysenteries.

However, such medicines as aloes, colocynth and phosphate of soda, if given in *minute* doses, often produce decided benefit, especially in the treatment of the acute sthenic forms of dysenteries.

The remedies we have found most useful in the treatment of acute dysenteries, are as follows: belladonna, ipecac, capsicum, gelsemium, aconite, iodine, nux vomica, spirits turpentine, cinchona, baptisia, aromatic spirits ammonia, salycin, lupulin, logwood, subnitrate of bismuth, and vegetable charcoal. However, no one case is likely to require the use of so many remedies as all those

just enumerated; but 'tis rare that other remedies than those just mentioned are required to successfully treat even severe cases of acute dysentery. Sporadic acute dysentery is generally preceded by a diarrhoeal condition of one or two or more days, and when first called to a severe case of acute dysentery, we usually find the patient in great pain, of a more or less paroxysmal character, which is greatly aggravated at each frequent alvine effort, small bloody mucus discharges, lower abdomen tender on pressure, renal secretion greatly diminished or suppressed, soft pulse, more or less fever, thirst, irritable stomach, foul tongue, and loss of appetite. Such cases are often aggravated and seriously complicated by the administration of opium previous to the physician being called, who may be so unwise as to continue the administration of this delusive but most pernicious drug—in the treatment of dysenteries. To quickly relieve such a case as we have just briefly outlined, we would begin by immediately giving a hypodermic of 1-60 to 1-30 grain sulph. atropia, cover the abdomen with dry, thick, hot cloths, applying soothing liniment to the abdomen if there be great pain, frequent *small* drinks of cool, acidulated drinks, or plain water. Soon the patient will be greatly relieved of pain, and the stomach in retainable condition. Then, say an hour after the hypodermic, begin the administration of something like the following:

R	Fluid Extract Belladonna.....	3i.
	Green Tincture Gelsemium .....	3ii.
	Tincture Aconite Rad (Fleming's).....	gtt. iv.
	Arom Spirits Ammonia.....	3ss.
	Eliz. Lactopeptine q̄s. ft.....	3ii.
	M. Ft. Sol.	
	S. Teaspoonful every one to three hours, as may be required to control pain in the bowels.	

Also:

R.	Ex. Cinchona.....	
	Ex. Lupulin aa.....	gtt. xii.
	Ex. Capsicum .....	gtt. ii.
	Ex. Ipecac.....	gtt. iv.
	M. Ft. 12 pills and Silver Coat.	
	S. One pill three times a day—preferably just after meals.	

Should the renal secretion be suppressed, or notably diminished, spirits turpentine, prepared as follows, would be in order:

R. Spirits Turpentine.....	.....
Sugar Milk.....	.....
Pure Sugar, aa.....	3i.
Oil Sassafras,.....	gtt. iv.
Chloroform Water.....	3ss. mix well.

Add:

Fl. Ex. Ipecac, gt.....	.....ii.
Cinnamon Water, q. pts. rd.....	f. 3ii.
M. Pt. Emulsion.	
S. Teaspoonful every two to four hours until renal secretion is restored.	

Spirits turpentine is also a valuable remedy in the more advanced stages of many cases of dysentery. But should the case have gone on for several days, from bad to worse, then other remedies, in addition to those just formulated, are often beneficial.

If the alvine discharges are very foetid, vegetable charcoal, spirits turpentine, and baptisia are in order. If there be a tendency to diarrhœa, then salycin, sub nitrate of bismuth, and logwood would be appropriate. In malarial dysentery—in addition to the remedies formulated—cinchona, iodine, ipecac, and arsenic, would be specially indicated.

In all forms, and in all stages, special attention should be given toward aiding digestion, for the diet of dysenteric patients is a matter of the first importance in all cases. For with horizontal rest, proper alimentation, and care, many cases will speedily recover without the use of drugs. But only one or two kinds of food should be given at any one meal, and food should not be taken oftener than three times a day.

The prepared infant foods, and pepsin, serve a valuable purpose in many cases. Well-cooked and seasoned green salads with vinegar, good ripe fruits, cooked or raw, such as peaches, apples, grapes, oranges, lemons, dates, and figs, farinaceous foods, soups, well broiled and seasoned fat mutton chops, and beef-steaks, good fresh sweet milk and butter milk, with fresh butter

on toasted light bread. Such are the articles of food we usually prescribe for dysenteric patients, with satisfaction to ourselves and benefit to the patient.

*Opium*, mercury, and starvation, are responsible for thousands of preventible deaths from dysentery.

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## PROVISION FOR THE INSANE IN TENNESSEE.

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We make the following extract from the very interesting report of Dr. C. C. Fite, Secretary of the Tennessee State Medical Society at its meeting at Memphis. We regret exceedingly that on account of his duties at the magnificent Asylum at Lyon's View, the State Medical Society has been deprived of the services of so efficient and zealous an officer:

EAST TENNESSEE HOSPITAL FOR THE INSANE, }  
NEAR KNOXVILLE, APRIL 3, 1886. }

To the President and Members of the Medical Society of the State of Tennessee :

GENTLEMEN:—Greatly to my regret, this report will have to be sent by mail instead of being read in person. Having sat at the Secretary's desk at your meetings for six years, it is with no little sorrow that I find circumstances prevent my being present at this meeting, and nothing less than urgent obligations keep me away. My duties as Assistant Physician at the East Tennessee Hospital for the Insane, take for the present all of my time and energy. We have recently moved one hundred patients from the Middle Tennessee Hospital and are now daily receiving new cases, which is of course a business that takes time and care.

As the Society is in session in Memphis, I will imagine that I can, in fancy, from this valley of East Tennessee, look far to the West, and from this place, built to care for the unfortunate, see your assemblage in West Tennessee soon to have a similar institution. In thinking of this, it is but natural that I am proud of Tennessee's new record in humanitarian work! No longer need the insane be imprisoned in jails and made incurable by neglect or brutal treatment. No longer need they linger in wretched hovels or poor-houses—most of which in our State are crimes against civilization—but the State reaches out her strong arms, and on wings of mercy brings them to a home with hope



of cure; homes where sympathy, kindness and comforts will be offered them, with the hope of leading them back to light and life.

Too long have our law-makers been allowed to regard insanity as a crime. Too long have we seen the man helpless with a diseased brain, and therefore irresponsible, hunted to death like a wolf. Too long has civilization been stained with blots like these and no sound of hope or help been allowed to reach the helpless. Too long has prejudice and false economy stained our records with legal crimes against irresponsibles. Now the beginning of the right has come, and Tennessee at last extends wide her charity, and hospitals will stand with wide open doors to succor those in need. They need not be principally prisons for the dangerous lunatics, but *hospitals* to treat insanity. The one asylum has been so crowded with an accumulation of incurables that there has been little room for recent cases, and so many a case which was at first curable, has passed beyond that point before room could be found for it. The most able management, the most painstaking care, could not prevent this. At last public opinion, being educated by the profession, led by this Society, called loudly for help, more hospitals, more room, more care for the insane, and at last, thank God, we have it! Is it not a cause for congratulation to this Society? Many of your members know how often we have tried to bring this about, and how often we have plead with the law-makers, and now that it is done, we have a right to our share of pride in it, and we should each one make it his particular and especial duty to sustain the work until it is completed. No complaints of hard times or debts should stop it, and we can do our share in encouraging and sustaining our legislators to go on until our insane are all provided for.

Insanity is a disease that can rarely be successfully treated at home, hence the great necessity of hospitals sufficient to receive cases promptly during the curable stage. With three well-equipped institutions of the kind, Tennessee will be fairly well provided for in this particular.

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**AN ACTIVE PILL:** The following memorandum was found in the diary of a young lady who had crossed the Atlantic. At eight o'clock in the evening I took a pill. At six o'clock in the morning I passed an ice-berg.—*Med. Age.*

## ERGOT IN SMALL DOSES.

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BYR. H. ROARK, M.D., AURORA, TEXAS.

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As I have a little spare time, I thought I would write a short article for your valuable journal. If you deem it worthy of publication, you can do so; if not, please escort it gently to the waste-basket.

I wish to call the attention of your many readers to a short but interesting article written by Dr. H. D. McGill, in the September number, 1884, page 421. His subject was "Ergot in Dysmenorrhœa" in young females. He used the fluid extract in drop doses, every hour, until the desired effect was obtained. I have since tried it in quite a number of cases, with excellent results in every case except one, and in that case I wrote a prescription; the lady not being familiar with the drug took it in teaspoonful doses, instead of as directed. The doctor generally found two or three doses to be sufficient, but in my hands it generally requires seven or eight.

I have also given it in the same dose, beginning two or three days before the expected catamenial period, with good results. I have never given it to relieve after pains, as the doctor recommended. As I live in a malarial district, I prefer sulphate of quinine. No doubt quite a number will say "that's too simple—that amount would'nt affect a body;" but I am fully convinced we should give smaller doses of ergot and repeat oftener.

## KALINE COMPOUND PILL.

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BY

R. H. HALE, M.D., YORK STATION, GA.

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In the list of new medicines now before the profession, I have found none more true to the merits claimed for it than the "Kaline Compound Pill," the new anti-periodic, made from an extract of the meadow plant—simple and harmless, as well as effective. Its combined alterative and anti-periodic action make it the equal of any of the combined prescriptions of quinine and iodine, or arsenic and iron, and not nearly so harmful. In chronic malaria, I have found it prompt and effective in cases of years standing.

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## *Selections.*

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**PUERPERAL FEVER AND THE EARLY EMPLOYMENT OF ANTISEPTIC VAGINAL INJECTIONS.**—This paper considered chiefly the value and necessity of antiseptic or simply warm water injections as recommended for prophylactic purposes in normal cases of labor in private practice. It dwelt largely, also, upon the differential diagnosis between puerperal septicæmia and remittent fever following parturition. The paper was based upon a case in the doctor's practice, of which the following is a brief report:

Mrs. —, American, æt., 26, suffered a miscarriage at the end of the eighth calendar month. The labor was entirely normal, as was also gestation, up to the miscarriage. The placenta came away spontaneously, and after only a few moments. The external genitalia were washed, but no antiseptic washes used.

All went well till the third day, when the patient had a chill,

followed by a temperature of  $106^{\circ}$ . She experienced, however, scarcely any pain, and the lochia were free from odor. Two hours later she had another chill and the temperature went up to  $107.5^{\circ}$ . Prof. Palmer was called in consultation. He thought the high temperature due to something in the uterine cavity, but Dr. Zinke did not think this possible from the nature of the labor. It was determined to await the action of quinine before washing out the uterine cavity. Later, carbolized warm-water injections and turpentine stupes were added to the treatment. Temperature fell to  $101^{\circ}$ , then rose to  $103^{\circ}$ . Only slight tenderness in the hypogastric region, and the lochia free from odor: When the temperature reached  $104.5^{\circ}$ , the uterine cavity was washed out with warm carbolized water, using the reflex uterine catheter. This was followed by some fever, but there was no decline in the temperature, neither was there a removal of anything which might be the cause of the trouble. The temperature fell later under the use of *tr. veratrum viride* and salicylate of soda.

Comparing the local manifestations with the range of temperature, the doctor became more and more convinced that the malady was not local in character.

Was it typhoid or remittent fever? Diarrhoea, rose spots, and stupor were absent. The husband then stated that about a month before her confinement she had complained of languor and chilliness. Was it then remittent? In all probability, yes. His consultant did not confer with him. Seventeen days after confinement the temperature was  $99.5^{\circ}$ . Next day,  $101.4^{\circ}$ , and still rising. The next day, the doctor's orders not being followed, he retired from the case. Subsequently to this, she was only part of the time under the care of a physician, and no record of the temperature was kept. The patient recovered after a sickness of two months' duration.

The questions which present themselves for consideration are:

1. Was this a case of puerperal septiciemia, remittent fever, or something else?
2. Could it have been avoided by the early use of antiseptic vaginal injections?

3. To what extent is the use of antiseptics scientifically and practically justifiable or necessary?

The doctor did not believe this to be septic, but if so, thought it to have entered through another channel than the parturient canal. Puerperal fever, he thought, should embrace only those diseases which occur during the puerperal state. He was satisfied that all cases of puerperal fever which find their inception through the obstetric channel from an external cause may, to some extent, be mitigated or prevented by the early and frequent use of antiseptic vaginal injections. Scarlatina, measles, diphtheria, etc., find their way through other avenues, and often mislead the physician.

Antiseptics in normal labor ought not to mean anything except ordinary cleanliness in every respect, the avoidance of frequent examination and unnecessary aids, needless exposure in the support of the perineum, the tying of the cord, the delivery of the placenta, and the washing after labor.

Washing out the vagina immediately after normal labor, he thought, should be termed meddlesome midwifery, did no benefit, prevented nothing, and might do harm. In prolonged or instrumental delivery, if the hand has been introduced, or if injuries have been sustained, vaginal injections are always, uterine injections rarely indicated.

The essayist referred to a death after vaginal injections in the practice of Dr. J. C. Cleveland, of Cincinnati, and to the writings of Drs. Barrett and Lynston unfavorable to the routine injection.

I admit that many times the fault may lie with the individual who makes these injections. But this charge should not be made general, for it surely does not require a very high degree of education and skillfulness to carry them out properly. Therefore the charges (made by those who apply antiseptic injections in every case, that the trouble arising in certain cases is due to this cause alone), is certainly not tenable, and seems to me a poor excuse. The ground which I am taking is sufficiently supported by high medical authority, and justifies the conclusion at which I have arrived.

In conclusion I wish to state that out of nearly 400 labor cases attended by myself, the one just submitted to your consideration is the first that would come under the term puerperal fever (if such it should prove to be in your opinion). I have seen a number of cases of puerperal septicæmia, but none of them were under my care as physician-in-charge during labor. They occurred principally in the hands of midwives, and in a few cases in which I was called in consultation.

In the early part of my professional life, I invariably used antiseptic injections whenever I had the time to make them myself. My practice called me among the poorer class of people, who could not pay for a syringe and drugs, and, occasionally, even when able to supply these, they obstinately refused to go to the expense. Speaking from experience, and with a typical kind of good sense, they declared "that it was all nonsense; they had never heard of such a thing before." To my surprise, all these cases, though frequently abnormal and complicated in character, did well, and, I must confess, some even better than those in which antisepsis was rigidly carried out.

Notwithstanding, according to precept, I insisted upon vaginal injections whenever and wherever it was possible. Suddenly, about three years ago, I observed for the first time the ill-effects from the use of a Fountain syringe. Half an hour after the injection, though the not first one, nor immediately after termination of labor, pain supervened—and such pain! Whoever has seen a case of uterine colic will know what that means. One grain of morph. sulph. subcutaneously was necessary to subdue this patient's agony. In the course of the same year I had two other similar experiences. The last occurred in a case in which I took particular care that all should be done properly. Everything progressed favorably; the first injections were used on the fourth day after labor. The ill-effects followed as quickly as related in the first case: but the suffering was much more intense. The patient moaned pitiously, and with her hands firmly pressed upon the abdomen, she reeled from side to side, crying for help, and exclaiming in heart-rending tones: "My God, what is the matter with me?"

Now, gentlemen, since we may have as a result of carefully employed antiseptic injections such scenes of suffering and even fatal results, is it not uncalled for and wholly unjustifiable to resort to them in normal cases of labor?—*Abstract of a paper read by E. G. Zinke, M.D., of Cincinnati, at the American Medical Association. Philadelphia Medical and Surgical Reporter.*

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THE WORTHLESSNESS OF QUININE IN CONTINUED FEVER. —Not often does a prophet and poet arise among us able to denounce our errors with rugged, Baptistical vigor, and to set our faces again toward the sunlight of medical truth. Such a prophet, however, has spoken in the Moberly District Medical Society, of Missouri, and his words come to us through the happy agency of the Keysville Democratic Print. Dr. George M. Dewey therein portrays "The Utter Worthlessness of Sulphate of Quinine in the Treatment of Typhoid Fever," and that "bastard malady, born on the banks of the Chickahominy, whose untimely end is near at hand."

We have spoken lightly, but wish, in all sincerity, that every one could read Dr. Dewey's paper. It is not only logical, forcible, and sensible, but it is poetical and interesting—a rare combination from a doctor's pen. Dr. Dewey advances the view, first that quinine is too much:

"To-day sulphate of quinine is a therapeutic despot whose autocratic sway few have the courage to dispute. At some time, in some stage of every malady, most doctors fancy they find an indication, an excuse for giving quinine. In high fever it will pull down; in low fever it will push up.

"No pulse so high, no pulse so low,  
But down one's neck the stuff must go."

Taking up the special subject of typhoid fever,, Dr. Dewey says: "I know of no disease in which quinine can do so little good and so much harm as in typhoid fever. I hear a great deal about tissue-waste from high fever. I doubt not that this is the tendency of long-continued high temperature. But the fact is, that a gallon of sweet milk will prevent more 'tissue-waste' than an ounce of quinine."

The undue weight laid upon the symptom of fever since the introduction of the clinical thermometer is referred to:

"Utter neglect of temperature is far better for the patient than half-drachm doses of quinine. The quinine druggers raise a great howl about 'tissue-waste.' The fact is, tissue-waste and exhaustion come from impaired digestion, and not from temperature. That quinine does this, is beyond question."

Dr. Dewey is exceedingly severe upon Dr. Hutchinson, the learned author of the article on typhoid fever in Pepper's "System of Medicine," who even in mild cases of this disease advises the use of two or three grains of quinine four times a day.

"Now," says Dr. Dewey, "here is a man, supposed to be the Polar Star to guide American practitioners over the doubtful sea of medicine, who writes down in a book (who dare dispute what he sees written in a book?) directions for giving quinine every three or four hours to a patient with typhoid fever, whom the veriest tyro knows needs nothing but good diet.

"The patient he describes is a good one to have. A good one to get up a reputation on—one who has no diarrhoea, no delirium, no tremors, temperature of 102°.

"A clear hundred per cent. of such cases ought to recover. Why would a thinking man give such a patient quinine? He says he was *accustomed* and in the *habit* of doing this way. This is at the bottom of such nonsensical practice.

"A doctor who contributes a hundred pages to a book to guide American practitioners ought to give some better reason than *custom* and *habit* for giving medicine.

"The doctors from the land of flowers and gunpowder tea give medicine for the same scientific reason this author does—from habit, custom, tradition. Dr. I. Hun Su, of Peking, China, treats uncomplicated typhoid fever very successfully with the following prescription:

R. Three inches dried umbilical cord,  
One fried snake-skin,  
One fresh tom-cat's head.

Mix. Boil in five pints of water for two hours and strain. Sig.—Tablespoonful every four hours.

2 S.P.



"This prescription would be far less apt to disorder the stomach and nervous system than quinine, besides being tonic."

Dr. Dewey next pays his respects to typho-malarial fever, so-called. If his words are not gospel, they are very near it, and we shall only do justice to them and to our readers by quoting in full:

"During the late war the Yankees invented a new disease that howls and cries aloud for quinine. This bastard was baptised and christened 'Typho-malarial Fever;' though Dr. Woodward abandoned his bantling in disgust, every malarial maniac in the land is clamorous for its life.

"Throughout the land the asses bray  
The horrors of malaria.

"I believe that no one claims to have any typical pathological lesions of typho-malarial fever differing from typhoid fever.

"In our last State meeting, Dr. Van Emon gave the histories of fifteen post-mortems of deaths from the so-called typho-malarial fever. In every one the characteristic lesions of typhoid fever were found. If the affix—the tail, the malarial end—of this disease could be amputated, quinine would get its quietus from a good many doctors who only prescribe it on account of this caudal appendage.

"Some men are very contentious about characteristic lesions of typhoid fever. Pathology ought to settle it. If a patient has a continued fever, and any one symptom known to occur in what they call typical cases of typhoid fever is absent, this is a case of 'typho-malaria.' Should a case fail to have diarrhoea, or delirium, or tremors, or petechiæ, or tympanitis, or headache, or insomnia, or stupor, or bronchitis, or hæmorrhage, then it would be typho-malarial fever and absolutely require quinine.

"Hybrid diseases exist only in the brain of fools. I believe no one claims to tell the sex in bacilli.

"Which is the Sire and which the Dam,  
Seems quite beyond the ken of man.

"I am told by the believers in the hybrid theory that this fever often commences as typho-malarial fever, and runs into or ends in typhoid fever. After malaria is killed by quinine typho

lives on. Some men are bent on keeping this name alive to justify the treatment.

"Our forefathers fooled a long time with biliousness to justify calomel.

"Hepatic doctors now are seen no more,  
The hunt for bile has long been given o'er;  
Whoever would a reputation make,  
Deserts the bile, the bugs to overtake.

"Whether one believes or disbelieves in typho-malarial fever is unimportant—quinine is a deleterious drug in either."

Dr. Dewey is the St. George of the of the dragon quinine. We are inclined to think that in time he will succeed as thoroughly as did the legendary hero.

We have long contended against the routine use of quinine, or in fact any antipyretics in the continued fevers, and we trust that the echoes of the voice from Missouri may rumble about the world, to the perpetual benefit of febrile humanity—*N. Y. Medical Record*.

**DIFFERENT METHODS OF TREATING THE VOMITING OF PREGNANCY.**—The question, how do you treat the vomiting of pregnancy? is frequently asked by one practitioner of another. Certainly if the physician has a theory of the etiology of the affection, he can readily give an answer as to its therapeutics; or he may, confessing his ignorance of its cause, mention the various remedies which his experience has taught him are the most successful.

In this country probably there is no eminent practitioner who holds with more tenacity to the uterine displacement theory of the affection than Dr. Henry F. Campbell, of Georgia. In a very interesting paper presented by him at the last meeting of the Gynecological Society, he used the following language: "Believing, as I do, that the gravid displacement is indeed the true source of all the observed histological alterations of the gravid uterus, and also that the gravid displacement is, as I have said, the *fons et origo* of the gravid nausea, I must urge as my

first and last expedient for the relief of all these common evils, arising from a common cause, repeated postural pneumatic reduction in the genu-pectoral position."

Laying aside that which refers to "all the observed histological alterations in the gravid uterus" in this statement, as not pertinent to our present purpose, even if we understood the meaning of the author, we are content with the statement that the gastric disorder of pregnancy is caused by uterine displacement, and is cured by the patient lying upon her knees and chest while air is admitted into the vagina. In the paper, several cases are narrated in which the author, acting upon his theory of the etiology of the disease, applied his method of treatment with the most satisfactory results. Now such facts are not to be set aside; the cause of the vomiting as well as its therapeutics, seem to be conclusively established in Dr. Campbell's cases. But is it not going too far to assert that all cases of vomiting in pregnancy are to be similarly treated, and success will be equally certain? Most practitioners hold, and we believe justly, that there are many cases of vomiting in pregnancy in which there is no positional disorder of the uterus. Dr. Campbell has such confidence in his theory of the disease, he even believes that in "many of the cases treated by Copeman's plan," the uterus was, "in some rough and violent way, accidentally elevated or replaced," and he attributes the recovery far more to this than to the dilatation.

In the course of his paper, Dr. Campbell justly criticises the incorrect representation and description given by Simpson, and Hart and Barbour, of the genu-pectoral position, for with them the chest is not brought in contact with the plane upon which the knees are resting, and it is rather a knee-face, and not a knee-chest position. So, too, the weight of the argument is probably on Dr. Campbell's side when he objects to a frozen section representing accurately that which is found in the living subject. But he fails entirely to answer the assertion made by Hart in his *Female Pelvic Anatomy*, that bimanual examination made when the subject is in the genu-pectoral position proves "the retroverted unfixed uterus has not been anteverted, but is more retroverted." Until this assertion is disproved, we must be allowed

not to entertain quite the same measure of faith in the genu-pectoral position which Dr. Campbell holds.

But we pass to another explanation of the vomiting of pregnancy. It is that of Professor Talma, of Utrecht, and is given in the February number of the *Revue Medico-Chirurgicale des Maladies des Femmes*. According to it, the cause of the vomiting is cerebral anæmia, and the remedy is nitroglycerine; the medicine being given in alcoholic solution, or olive oil in capsules. One milligramme is administered daily, but in three doses.

The same journal also contains a reference to cases recently treated successfully by Copeman's method. Hardly any one will hold many of these were cases in which the uterus was replaced, and the replacement, not the dilatation, cured, any more than he will believe that in the other cases just referred to, nitroglycerine either replaced the uterus, or dilated the cervix. We find also recorded in the *Revue*, a case of violent vomiting in an unmarried woman 32 years old, the cause of the disorder being thought to be a round ulcer of the stomach; the patient was successfully treated by the use of the œsophageal tube for the introduction of liquid nourishment into the stomach for three weeks, when she could again take food naturally without vomiting, and the unmistakable signs of pregnancy were present. At the beginning of the treatment she was greatly enfeebled, vomiting all aliment, her gums swollen and bleeding—indeed, she was almost in a state of collapse. A small quantity of milk was introduced by the tube once a day, and after the milk some cold water; in a few days the interval was shortened, and other food in addition to the milk, such as animal broths and oatmeal gruel, was given. Finally, we also find in the *Revue* a case of vomiting in pregnancy cured by ether spray to the epigastrium. Certainly this method of treatment is both simple and safe, and will, in some cases, be successful. It proves also useful in other forms of gastric irritability than in that occurring in pregnancy.—*Med. News*.

**EARLY DIAGNOSIS OF PREGNANCY.\***—[After calling attention to the numerous unreliable symptoms of early pregnancy, the author proceeded to discuss those which have latterly come to be regarded as tolerably trustworthy.]

Among the recently-considered signs was mentioned that of Jacquemier,—the slate or purple color of the vagina. Anything which impedes the circulation may cause this appearance. Dr. Joseph Taber Johnson has made a good suggestion. He thinks the principle of the telephone could be used to hear much earlier than usual the feeble sounds of the foetal circulation. Dr. S. C. Dunn thinks he can diagnosticate pregnancy as early as the fourth week by the odor of the vernix caseosa upon the examining finger. Dr. E. C. Gehrung was able to make the diagnosis by the fifth or sixth week by the sensation imparted upon touching the ovum with the sound. This is rightly condemned as dangerous practice, while it may be simulated by a polypus or other foreign body in the uterine cavity, and in the early weeks the ovum is attached only to parts of the uterine walls, and the sound may glide by it. Pinard and Didsbury have mentioned a gingivitis which begins about the second month. Jerrisenne, basing his observations on the law formulated by Graves that in hypertrophy of the heart the radial pulse remains the same whatever the position of the body, maintained that instead of the usual variation of from ten to twenty beats in the non-pregnant woman, the pulse of the impregnated woman remains the same. The essayist and others had investigated this symptom and found it quite unreliable. Dr. H. D. Fry thinks that a rise in temperature of the axilla is a strong presumptive evidence of impregnation, provided there is no local disease. The author had found this true, but had found the rise of temperature in the vagina to be of less value.

To Hegar of Freiburg we are indebted for the new sign of great promise which bears his name. This consists in an unusual resiliency, compressibility, softness, boggy, yielding and thinning of the lower uterine segment: that is, the section im-

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\* Read before the Section in Obstetrics and Diseases of Women and Children of the American Medical Association, May 5th, 1886.

mediately above the insertion of the ligamenta sacro-uterina. The shape assumed is that of a fan, balloon, or jug. The change is most apparent in the median line. According to Gempsa, the examination should be made as follows: The thumb is introduced into the vagina until it reaches the cervix, and the index finger into the rectum until it reaches the ligamenta sacro-uterini; the other hand is placed over the abdomen immediately above the symphysis, and pressed down towards the finger in the rectum. The rectal finger explores the cervix and the lower uterine segment in all its parts, and lastly the higher parts of the uterus. The examination is facilitated by pulling down the uterus with the vulsella and evacuating the bladder and rectum. The author thought this mode of examination thorough, yet repulsive to both patient and physician, as well as a difficult and hazardous procedure. He thought it quite possible in the majority of cases to make out all that is necessary with the finger in one of the cul-de-sac and the other hand externally. If this is not sufficient, it might be quite proper to make the examination as above described.

The bladder distended with urine and the uterus with menstrual blood may simulate Hegar's sign. These, however, can be easily excluded. Hyperplasia would show increased density; subinvolution would increase the longitudinal as well as the transverse diameter. In marked retroversion a careful examination per rectum is often necessary to find the sign.

Dr. Reinl, formerly assistant to Hegar, says, "Among the twenty-two cases I missed this sign but twice, and found it earliest in the fifth week of pregnancy." Dr. Campos, present assistant to Hegar, has reported six cases. Dr. E. H. Grandin, of New York, reports eighteen cases, and says he can make the diagnosis prior to the eighth week by Hegar's sign alone. The author had a number of cases under observation, most of which had not yet had time to develop. One, a widow, acknowledged the opportunity and believed herself pregnant. Repeated examination failed to find Hegar's sign, and she was assured that she was not pregnant. After thirteen weeks the menses returned, and were normal in amount and duration. The other was a

young wife, who, after a four months' absence from her husband, returned to him February 9. She soon came under the author's care, and her case required a digital and specular examination two or three times per week. Three times in the sixth week Hegar's sign was made out. March 31, forty-eight days after her return, she miscarried.

There remains to us, then, to lament again our inability in many cases to make a positive diagnosis of early pregnancy; to mourn the fallibility of many of the new and all of the old symptoms; to recommend especially the sign of Hegar, which until now has proved itself impregnable; and to plead for investigation in a field which should not be "barren or unfruitful."—*E. S. M'Kee, M.D., in Med. Age.*

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**HYPERIDROSIS.**—A very remarkable "Case of Sweating to Death" has been placed on record by Dr. Myrtle (*Medical Press*, February 25, p. 164). And old man, aged 77, was seized with slight rheumatism without fever, from which he obtained complete relief by small doses of salicylate of soda. In about three weeks he began to perspire rather freely, and continued to do so copiously at intervals for about ten days, when the pains left him completely. He was treated now for the sweating only, which continued, by arsenic, cinchona, and sulphuric acid during the day, and quinine and belladonna at bed-time, the body being sponged with solution of common salt containing eau de cologne and vinegar once a day, and the wet underclothing changed as often as practicable. The patient at this time felt quite well except for the sweating, had no fever, no thirst, and passed urine normal in character and quantity. The sweats used to come on quite suddenly, the sweat literally pouring out of every duct, and this would go on for ten minutes or ten hours, but invariably stopped as suddenly as it began; everything on or about him was simply saturated. Ague being suspected, Warburg's tincture was now given in full doses, and the quinine and belladonna continued, but no improvement took place, and later "the sweat

became most offensive, giving the same heavy smell as that given off by a horse after a smart gallop on a hot day." The case being considered as due to paresis of terminal branches of nerves supplying the sweat glands, ergotine was tried, two doses of three grains each being given at an interval of eight hours; soon after the second dose toxic results ensued, from which recovery took place under stimulants, hot bottles to the feet, and sinapisms to the chest and nape of the neck, but the sweats were not controlled; in the following twenty-four hours fifteen distinct bursts of perspiration were observed, lasting from a few minutes to a couple of hours, and it was found that during the intervals the skin, although soft and sodden, was not wet, but during the attacks it was no sooner wiped dry than the sweat was again seen standing upon it. The next remedy tried was atropia, gr. 1-50 being given morning and evening, the surface of the body being also dusted with salicylic acid and starch. In an hour after the administration of the atropia, severe symptoms of poisoning were developed, and the patient nearly died; he rallied, however, and then the sweating went on just the same. It was then decided that arsenic should be resumed, and accordingly five minims of Fowler's solution were given twice a day, with Warburg's tincture, and in forty-eight hours the perspirations ceased and kept away for twenty-four hours; they then recurred slightly, but for a week there was so little sweating that recovery was anticipated, when they suddenly recurred, worse than ever. All this time there was no constitutional disturbance, the pulse was 72, and the temperature normal. The arsenic had to be stopped soon afterwards, owing to the development of dryness of the mouth and throat, with inflammation of the conjunctiva, and eucalyptus was now substituted, morphia being given at bed-time. The sweating, however, continued with unabated severity until his death, which took place from exhaustion in four months from the first onset of his illness.—*Journal of Cutaneous and Venereal Diseases.*



**IODIDE OF POTASSIUM IN INTERNAL ANEURISM.**—The undoubtedly marked influence which the iodide of potassium possesses in at least relieving the great sufferings of patients with aortic aneurism is well known. Many have been the hypotheses advanced to explain how this drug acts in the cases where it does good. Its beneficial influence being attributed by some to its "anti-syphilitic" action, while others consider it due to an "alterative" effect on the coats of the diseased vessels. That the former is not the true reason is shown by the fact that mercury, a more powerful anti-syphilitic agent, has not any influence in even mitigating the symptoms, and further, the iodide acts equally well in those cases where syphilis, as a factor in the production of the arterial weakness, can be absolutely excluded. That it acts through influencing the nutrition of the arterial walls is unlikely when we consider the inutility of agents possessing as high alterative powers. The evidence that it is through a lowering of the intra-arterial tension that the drug acts, is now, it may be said, fully established.

The success of the treatment essentially depends on the bringing about a certain degree of lowered tension. If the lowering is too great it can be readily understood that the progress of the dilatation will be hastened in place of retarded. The lower the tension the quicker is the action of the heart, and any gain obtained by a diminution in the pressure which the weak spot has to sustain is more than counterbalanced by the more constant pressure which is brought about by the quickened heart. That the normal pressure is too high is, of course, self-evident from the natural history of the great majority of cases of aneurism. We have then to endeavour to find a mean between the normal pressure and one too low. When this mean is obtained, the arterial coats behave, as Balfour puts it, "like a hollow muscle," which hypertrophies when opposed to obstacles with which it is unable successfully to cope. The dose required to bring about this sufficiency of lowered tension and no more, will vary somewhat in each case. From ten to fifteen grains will be found to be generally sufficient. The quantity is easily ascertained by placing the patient in bed for a few days without any other

treatment, and his pulse rate attained night and morning for a few days. He is then given ten grains of the iodide three times daily. If the pulse rate remains unchanged the dose is increased to fifteen grains three times daily, and every week an increase of five grains to each dose is made until the pulse begins to rise. When the pulse rate is slightly increased, we have attained the proper quantity. More than that will do harm, less will do no good.

It will be seen, therefore, how important the matter of dosage is in the treatment of aneurism with iodide of potassium. It is to Dr. Balfour, of Edinburgh, that we owe most of our knowledge of the action and uses of this agent in aortic aneurism.—*Canada Med. and Surg. Journal.*

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**LACTATED FOOD.**—Dr. J. Milner Fothergill writes to Wells & Richardson Company the following in regard to the nature and uses of this valuable preparation :

Having requested me to give you my opinion, as a food expert, upon your Lactated Food, I do so herewith :

You state that it contains "the purified gluten of wheat and oats with barley diastase and malt extract combined with specially prepared milk sugar;" in other words, that it is self-digestive as regards the conversion of insoluble starch into soluble dextrine and maltose. My experiments with it lead me to hold that this is correct.

The food then contains carbo-hydrates, some albuminoid matter, and the various salts in grain, notably phosphate of lime.

Such a food can be added to milk and treated in the manner you describe in your leaflet. So prepared with milk it forms an admirable food for infants and dyspeptic persons who require very digestible aliments.

But it has a wider range of utility. The body-temperature is kept up by the combustion of grape sugar. Grape sugar is supplied from carbo-hydrates, either the insoluble starch or the soluble sugar. Starch forms a great portion of our food, and is converted into grape sugar within the body. Where the system

is unequal to the digestion, or conditions of acute disease, then predigested starch must be furnished to the organism. Otherwise the system will perish of exhaustion, just as a fire dies out when its fuel is consumed.

Beef tea contains nothing which can form grape sugar, and in fact is a pleasant stimulating beverage or food adjunct, but without food value practically. (For what food value it has is so infinitesimal that it is not worth counting). But when it has added to it a food such as your Lactated Food it has a distinct measurable food value. Consequently such food should be given with beef tea, and the compound forms a valuable food.

When Lactated Food is placed in water hot enough to be sipped, a rapid transformation of the starch remaining in it (by the diastase it contains) goes on, and a nutritive fluid is the result, which requires but a minimum of the digestive act.

Such fluid can be flavored and drank as a nutritive beverage, specially acceptable in febrile conditions. Flavored with lemon, ginger, cloves, or other flavoring agents to give variety—a matter far too much neglected in the treatment of the sick—it can be largely used. Or wine, either red, as claret or sherry or port, can be added to it when a little stimulant is required; and brandy when a stronger stimulant is indicated.

The resort to farinaceous matters, pre-digested, must become greater and greater as our knowledge of digestion and its derangements waxes larger. It is not merely in the case of feeble infants that such pre-digested starch and milk sugar are indicated and useful; persons of feeble digestion require these soluble carbohydrates which they can assimilate.

But to my mind an equally great matter is the feeding of persons acutely sick, and especially when there is pyrexia, who now are allowed to perish of inanition on the mistaken conviction that beef tea is a sustaining food. It is in the sick-room that soluble carbo-hydrates have a great future before them.—*American Practitioner and News.*

**CROUPOUS TONSILLITIS AND DIPHTHERIA.**—In an elaborate article in the *New York Medical Journal*, Dr. L. Emmett Holt discusses the non-identity of these two affections. He tabulates the points of contrast between them as follows:

**CROUPOUS TONSILLITIS.**

1. Invasion abrupt.
2. Most marked general disturbances during the first two days; no tendency to asthenia.
3. Starts with a temperature of from 103° to 104-5°.
4. Pulse full and rapid.
5. Membrane of yellowish color; edges sharply defined, limited to tonsils; does not bleed when detached; superficial; not very adherent; no tendency to reform after removal; appears early; does not spread.
6. Albuminuria rarely, if ever present.
7. Reaches its height by the second day; by the fourth the patient is generally convalescing.
8. Paralysis never follows as a sequel.
9. It is doubtful if it is ever contagious.

**DIPHTHERIA.**

1. Much more often it is insidious.
2. Generally not much general disturbance before the third day, but after that marked tendency to asthenia.
3. Rarely high in the beginning, 100° to 101°, gradually rising till the fourth or fifth day.
4. When rapid it is feeble.
5. Color gray, sometimes greenish; shades off gradually; on vulva, soft palate, and pharynx as well as the tonsils; bleeding readily, even without being detached; infiltrates the deeper tissues; adherent; strong tendency to reform after removal; may not be seen the first or even second day; spreads steadily.
6. Albuminuria rarely absent.
7. Most commonly does not reach its height before the fourth day.
8. Paralytic sequelæ quite common.
9. Frequently spreads by contagion.

Undoubtedly, all exudates on the tonsils are not diphtheritic, and, without doubt, in active practice, many cases are reported as diphtheria which are not such, but the liability to erroneous diagnosis, by most honest and competent practitioners, is great, so closely do the local manifestations and systemic disturbance of the benign and the malignant affections resemble each other. This liability to error needs scarcely a better illustration than that afforded by the above table, prepared by a gentleman evidently as familiar with diphtheria as the present knowledge of the disease permits. No practitioner will concede the correctness

of all or even a majority of the points placed in contrast. While diphtheria is usually preceded by a period of malaise, we have known cases to terminate fatally in a few days, in which the child retired as well as it ever was in its life, and awoke during the night with a temperature of  $104^{\circ}$ , with severe inflammation of the tonsils and without the faintest perceptible trace of an exudate. The whole nine points of difference given might be gone through with, and, with the exception of the eighth, the characteristics of croupous tonsillitis as given will be recognized as not inapplicable to diphtheria. We have, moreover, seen paralysis of alarming severity follow two cases of adults, in which the throat symptoms and systemic disturbance were not sufficiently severe to prevent the patients from going about in the discharge of their usual duties.

While articles like that by Dr. Holt may be of interest from a scientific point of view, their effect on the general practitioner is not beneficial. The attempt to make the nice distinctions therein sought to be made, would be very apt to result in serious blunders. It will be found to be the safer plan, in so far as both the patient and those with whom it is liable to come in contact are concerned, to err on the side of regarding all cases of exudate on the tonsils (excepting, of course, cases of unquestionable follicular tonsillitis) as diphtheria, and treating them and isolating them accordingly. If, as some maintain, diphtheria is primarily a local disease, with secondary systemic involvement from absorption of ptomaines from the dead tissue, the danger of allowing a day or two to elapse before applying an antiseptic to the throat needs scarcely be pointed out.—*Medical Age*.

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**A SIMPLE METHOD OF ARTIFICIAL RESPIRATION.**—The desideratum at which we aim in artificial respiration is to obtain a method of as simple a character as possible, so that it should be readily understood by the laity, and at the same time should possess the maximum efficiency. The main indications in artificial respiration are: first, to loosen clothing, braces, etc., so as to allow free movement of the chest and prevent constriction of the

neck; second, to bring the trachea, larynx and pharynx as nearly as is anatomically possible into a straight line with the openings of the mouth and nose; third, to obtain as deep an inspiration as possible by elevating the ribs and depressing the diaphragm, and fourth, to get a deep expiration. Now, although the accepted modes of restoring respiration have proved very successful in trained hands, yet they are almost unknown to the general public, and all require a certain amount of skill, which cannot always be looked for at the hands of the laity. Mr. John Arthur Francis proposes, in the *British Medical Journal*, March 20, 1886, a plan which he believes combines all the advantages, without the disadvantages, of the method generally employed, beside possessing great simplicity. It is as follows: The body having been laid on the back, and with the clothes loosened, and the mouth and nose wiped out, two bystanders should pass a narrow lever of any kind under the body at the level of the waist, and raise it until the tips of the fingers and the toes of the subject alone touch the ground, count fifteen rapidly, then lower the body flat to the ground and press the elbows to the sides hard; count fifteen again, then raise the body again for the same length of time, and so on, alternately raising and lowering. The head, arms and legs are to be allowed to dangle down quite freely when the body is raised. A child can be manipulated quite easily by one person with a hand under each loin. For an adult the best way is for two persons to grasp each other's right hand under the body and then raise it. A stout walking stick or umbrella would be efficacious were the operators too weak to lift up the patient with one clasped hand. To join both left and right hands with those of another person would probably form too great a plane for the body to rest on, except in the case of a very tall patient, and prevent the full extension of the spine.—*Therapeutic Gazette*.

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**SCISSORIAN SECTIONS:** In an article in the *Annals of Surgery* for June, on Laparotomy, C. B. Keetley, F.R.C.S., has the following: Every one who substitutes scissors for the knife as often as he ought to must expect to receive a good deal of banter. One

of my colleagues rallies me amiably on what he calls "Scissorian Sections. The scissors should not be sharp." Our distinguished associate, Prof. Duncan Eve, M.D., is also quite an advocate for the use of scissors; and has frequently been rallied by his colleagues therefor. He has frequently stated, that there were but few operations in surgery that would not be improved by the use of the scissors, whenever they could be used in lieu of the knife.

**TREATMENT OF ACUTE TONSILLITIS.**—Dr. John Brown states, in the *British Medical Journal*, that it is a rare event for suppuration to occur in acute tonsillitis, if treated early with the following mixture:

R. Sodii salicylat. ....	3 iss.
Pot bicarb. ....	3 iss.
Tinct. aconit. ....	m. 40.
Liq. opii. sed. ....	m. 80.
Sp. chloroform. ....	3 ii.
Aq. ad. ....	3 viii.

M. One ounce to be taken every two or three hours for the first thirty-six hours. The same mixture is sheet-anchor for rheumatic fever.—*Med. Age.*

**TREATMENT OF HYDROCELE.**—Dr. Keyes recommends, in the *New York Medical Record*, the injection of pure carbolic acid "deliquesced in a little glycerine" as a simple, effectual, and almost painless method of treating hydrocele even of large size. The instrument he uses is a glass syringe holding about a hundred minims, to which a hypodermic needle of medium size is fitted as a nozzle. The hydrocele fluid is first drawn off either through this needle or by a separate puncture; thirty to sixty minims of the carbolic acid and glycerine are then injected. Dr. Keyes recommends that the patient should be kept quiet, but not necessarily confined to bed, for forty-eight hours.—*Med. Herald.*

THREE are 2,500 physicians in Philadelphia, and 2,900 in New York.—*Ex.*



# Horsford's Acid Phosphate,

(LIQUID.)

Prepared according to the directions of Prof. E. N. HORSFORD, of Cambridge, Mass.  
Universally prescribed and recommended by physicians of all schools.

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## IN DYSPEPSIA, CONSTIPATION, INDIGESTION, HEADACHE, ETC.

The lining membrane of the stomach when in a normal condition, contains cells filled with the gastric juice, in which phosphoric acid combined with lime, iron, potash, etc., is an important active principle; this is necessary to a perfect digestion. If the stomach is not supplied with the necessary gastric juice to incite or promote digestion, dyspepsia will follow with all its train of incident diseases. The only known acid which can be taken into the stomach to promote digestion, without injury, is phosphoric acid combined with lime, potash, iron, etc., *i. e.* Horsford's Acid Phosphate, which is hereby offered to the public.

### **Sick Headache and Nervous Prostration.**

Dr. W. P. Clothier, Buffalo, N. Y., says:  
"I know it to be beneficial in sick headache and nervous prostration."

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Dr. E. J. Williamson, St. Louis, Mo., says:  
"Marked beneficial results in imperfect digestion and diabetes mellitus."

### **Promotes Digestion.**

Dr. W. W. Scofield, Dalton, Mass., says:  
"It promotes digestion and overcomes acid stomach."

### **A Good Nerve Tonic.**

Dr. R. S. McComb, Philadelphia, Pa., says:  
"I used it in nervous dyspepsia with success. It is a good nerve tonic."

### **A Wonderful Remedy.**

Dr. T. H. Andrew, late Demonstrator of Anatomy, Jefferson Medical College, Philadelphia, Pa., says: "A wonderful remedy which gave me most gratifying results in the worst forms of dyspepsia."

### **Obstinate Indigestion.**

Dr. F. G. McGavock, McGavock, Ark., says:  
"It acts beneficially in obstinate indigestion."

We have received a large number of letters from physicians of the highest standing, in all parts of the country, relating their experience with the Acid Phosphate, and speaking of it in high terms of commendation.

Physicians desiring to test Horsford's Acid Phosphate will be furnished a sample without expense, except express charges. 1 pamphlet free.

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## **Prof. Horsford's Baking Preparations**

are made of the Acid Phosphate in powdered form. They restore the phosphates that are taken from the flour in boiling. Descriptive pamphlet sent free.

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**Providence, R. I.**

**BEWARE OF IMITATIONS AND SUBSTITUTES.**



# THE Best Infant Food

IS THAT WHICH IS THE NEAREST LIKE MOTHER'S MILK.

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Mother's milk contains no starch.

Mother's milk contains no cane sugar.

Mother's milk contains no malt sugar.

Therefore, infant foods which contain these present to the infant substances which are foreign to its natural food, and which are unsuited to the physiology of infant digestion.

Normal human milk is persistently alkaline; this alkaline reaction is due to the presence of peculiar mineral and saline constituents which differ materially from those of cow's milk, which is slightly acid in reaction.

It is impossible to imitate this peculiar reaction of normal mother's milk by the use of soda, or potassa bicarbonate, or lime water.

Nor do these alkalies adequately represent the saline and mineral constituents of human milk, which are such important elements in the nutrition of the infant, being vitally necessary to the development of its osseous system.

The caseine of cow's milk differs radically in character from the albuminoids of human milk.

Not one of the Farinaceous, Malt, Liebig, or Condensed Milk Foods, contain any principle capable of acting upon caseine or digesting it, or in any way converting it into the peptone-like form in which the albuminoids exist in human milk.

Peptogenic Milk Powder yields a "Humanized Milk" which, in taste, physical characters and chemical constitution approaches very closely to woman's milk.

1. Because it contains milk-sugar, and no other sugar and no starch.

2. Because it contains the digestive ferment trypsin, which converts caseine into peptone.

3. Because it contains those various organic combinations of Phosphates, Chlorides, Potassium, Lime, Iron, Magnesium and Sodium which are always normally present in woman's milk.

4. Because it gives the alkaline reaction characteristic of human milk, due to these saline and mineral constituents.

A candid consideration of these facts must inevitably lead to the conclusion formed by Dr. Albert R. Leeds, viz.: "that the Peptogenic Milk Powder yields an artificial human milk which in every particular more closely resembles average normal mother's milk than that obtained by any other product or process known." Respectfully submitted,

**FAIRCHILD BROS. & FOSTER,**  
82 and 84 Fulton Street, New York.

## *Reviews and Book Notices.*

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**INSANITY AND ITS TREATMENT.**—Lectures on the Treatment, Medical and Legal, of Insane Patients. By G. FIELDING BLANDFORD, M.D. (Oxon.), Fellow of the Royal College of Physicians in London; Late Lecturer on Psychological Medicine at the School of St. George's Hospital, London. Third Edition. To which is added "Types of Insanity: An Illustrated Guide in the Physical Diagnosis of Mental Disease." By ALLAN MCLANE HAMILTON, M.D., one of the Consulting Physicians to the Insane Asylums of New York City, and the Hudson River State Hospital for the Insane. Illustrated by ten plates from photographs of cases selected as types, with descriptive text. Number 11, of Wood's Library for 1886. (February). New York: William Wood & Co. Pp. 379.

These Lectures in an abridged form, were first delivered by the author at the School of St. George's Hospital, and were published in the hope that they might serve as a handy-book concerning Insanity, on which subject there exist but few works in the English language in the character of a text-book.

Written entirely for students, no claim is made that it is a complete treatise on Psychology, yet we find here the most important facts and established truths that are greatly needed by the medical student and general practitioner.

The author holds that the mysterious phenomena of unsound mind constitute material disease, "that disease of the mind means disorder of the brain, and that the latter organ is liable to disease and disturbance, like other organs of the body, to be investigated by the same methods, and subject to the same laws."

**THE PRINCIPLES AND PRACTICE OF SURGERY.** By FRANK HASTINGS HAMILTON, A.M., M.D., LL.D., late Professor of the Practice of Surgery, with Operations, and of Clinical Surgery, in Bellevue  
3 S. P.

Hospital Medical College; Consulting Surgeon to Bellevue Hospital, to the Bureau of Surgical Relief to the Out-door Poor at Bellevue Hospital, to Elizabeth's Hospital, and to the Hospital for the Ruptured and Crippled; Fellow of the New York Academy of Medicine, etc. Pp. 1020, illustrated with 472 engravings on wood. Third edition.

It affords us sincere pleasure to notice the improvements of our favorite surgical text-book. We could only admire the solid ground-work of the original plan the more when we found how few in number were the really important changes.

Its more momentous additions embrace a section on *Shock*, which the author, with an unusual latitude of expression, characterizes as "a general paresis of the nervous system;" *Nerve-Stretching* and *Normal Ovariectomy*. The latter receive, as do some less formidable gynecological fashionables, a few very healthful restrictions.

To the curious-loving and to those historically inclined, he presents the case of the late President Garfield, and many statistical reports of recent compilation.

We are not quite sure that the detailed description of Prof. Bæch's mode of application of Turenne's inoculation cure of syphilis, and the attention devoted to Dr. Spier's "artery constrictor," will be appreciated by either of these classes, or, in fact, by any other; but as amber, enclosing insects, whose species are long ago extinct, has its value enhanced by their bare presence, so may these mental aberrations in the distant future add to this work's enduring fame.

The supplementary chapter on the art of primary union is, inasmuch as our knowledge extends, the heaviest bill of indictment from America that Listerism has yet received.

The publishers deserve much praise for improvements by their art. We confess that each style of its binding has won a portion of our biblomaniacal soul.

DISEASES OF THE SPINAL CORD. By BYROM BRAMWELL, M.D., F. R.C.P. (Edin.), Lecturer on the Principles and Practice of Medicine, and on Medical Diagnosis in the Extra Academical School

of Medicine, Edinburgh; Pathologist to the Edinburgh Royal Infirmary, etc., etc., etc. Illustrated by fifty-two full-page lithographic plates, in colors, and many fine wood-engravings. Number 1, of Wood's Library for 1886, (January.) New York: William Wood & Company. Pp. 298.

In this excellent volume, Dr. Bramwell gives us a very entertaining and concise description of the more important points relating to Diseases of the Spinal Cord, taken mainly from his course of Lectures on Medicine. The many diagrams and drawings introduced into the text in the form of wood cuts, and the beautiful colored lithographic plates serve a most excellent purpose in fully elucidating the subject.

The chromo lithographs drawn by the author, first with the camera lucida and then in lithographic chalk are representations of his own sections.

We quote the following from the preface to this, the author's second edition:

"The very favorable reception which the First Edition of this work received from the medical press both in this country and abroad, and the fact that it has been translated into the German, French, and Russian languages, have induced me to make fewer changes in this, the Second Edition, than I at one time contemplated."

DISEASES OF THE CIRCULATORY AND RESPIRATORY APPARATUS. Illustrated by 103 fine wood engravings. Being Vol. I. of the "Hand-book of Practical Medicine." By DR. HERMANN EICHHORST, Professor of Special Pathology and Therapeutics, and Director of the University Medical Clinic in Zurich. In four volumes. No. III. of Wood's Library for March, 1886; pp. 407. William Wood & Co., New York.

In this excellent hand-book of Dr. Eichhorst, devoted to diseases of the circulatory and respiratory apparatus, we have chapters on the following diseases: I. The Pericardium; II. The Heart Muscle; III. The Endocardium; IV. Neurosis of the Heart; V. The Aorta; VI. The Nasal Cavities; VII. The Larynx; VIII. The Trachea; IX. The Bronchi; X. The Lungs; XI.

The Pleura; XII. The Pulmonary Artery; XIII. The Mediastinum.

The bare title of this, with the other numbers of Wood's Standard Library for 1886, indicate their desirableness in every well appointed library; and their moderate cost brings them within the reach of all. As practical works, they fully merit the claim of standard, and are just such as are needed by the general practitioner. The handsome, maroon-colored binding surpasses any of the preceding issues in point of beauty and taste.

THE STUDENT'S MANUAL OF VENEREAL DISEASES.—Being a Concise Description of Those Affections and of Their Treatment. By BERKELEY HILL, M.D., Professor of Clinical Surgery in University College, London; Surgeon to the University College and the Lock Hospitals; and ARTHUR COOPER, M.D., Surgeon to the Westminster General Dispensary; Formerly House-Surgeon to the Lock Hospital. Fourth edition. Revised. Cloth. 12mo., pp. 132. P. Blakiston, Son & Co., 1012 Walnut Street, Philadelphia.

That a revised edition meant an improved one, the mere names of its authors warranted. It needs only a most casual comparison with the previous editions to show how thoroughly the work has been done. No important points have been neglected; but minor matters have been summarily dealt with, and opinions and speculations entirely omitted. It is simply wonderful that it should be so condensed and yet so clear.

We should change the epithet *abortive* for *palliative*, as applied to the iodoform treatment of gonorrhœa. We are inclined to expect much from this drug's analgesic properties and little from its germicide action; since this involves the admission of a cause that we, like our authors, may yet be sceptical concerning.

Its plain English formulary contains many good and carefully weighed suggestions.

A DICTIONARY OF MEDICINE, Including General Pathology, General Therapeutics, Hygiene, and the Diseases Peculiar to Women and Children. By various writers. Edited by RICHARD QUAIN, M.D., F.R.S. Eighth edition. Half morocco, 8vo., pp. 1816. D. Appleton & Co., 1, 3 and 5 Bond Street, New York.

We have no inclination to speak of anything other than the excellence of this work, and neither the space nor the language to exceed its merits. It is a fit criterion by which to estimate medical progress; a genuine triumph for the English language by virtue of its peerless style. It is not our custom to use unmeasured terms in speaking of works of very widely extended scope; but it would have been strange if the highest excellence had not been attained by such a corps of writers under such an editor.

We commend it cheerfully and earnestly to every member of our profession, averring it to be, without suggestion of sacrilege, a very present help in time of trouble.

The inconvenience of its size is counterbalanced by this consideration: that it precludes machine-binding; and the proverbial integrity of its publishers hence assures a most durable volume.

THE SURGICAL DISEASES OF CHILDREN.—By EDMUND OWEN, M.B., F.R.C.S., Surgeon to the Hospital for Sick Children, Great Ormond Street, London. 12mo., 585 pages, with 4 chromo-lithographic plates and 85 engravings. Cloth, \$2. Philadelphia, Lea Brothers & Co. 1886.

A careful reading of this modest book can hardly fail to strengthen any one's appreciation of its subject. We scarcely need a better working guide than it presents. Personal experience furnishes the basis of much of the teaching, and frankness is not the least prominent trait of the clearly expressive language. *Ætiology*, settled and speculative, has evoked many interesting notes. We notice that, though a Listerian by precept, at least, our author formulates some well-chosen doubts as to the existence of Koch's *bacillus tuberculosis*. His fondness for an idiomatic avoidance of the first personal pronoun is a little unfortunate, and the typography of his book is a little below the average of its companion manuals.

QUIZ-COMPEND NO. 11—A COMPEND OF PHARMACY.—By T. E. STEWART, M.D., Ph.G., etc. Based upon Prof. Jas. P. Pennington's Text Book of Pharmacy. 16mo., pp. 196. P. Blackiston, Son & Co., Philadelphia.

Prof. Stewart, in his preface, deploras the separation of Therapy and Pharmacy. It is not improbable that his work may assist in lessening this evil by displaying the large amount of clearly unnecessary knowledge expected of a pharmacist.

To drug clerks, whom the formidable dispensatories have intimidated, it will be a welcome aid. While we cannot endorse the promiscuous use of such manuals as are liable to inspire an over-weening confidence in themselves, we think this book capable of accomplishing much good, if the author's intent be well considered.

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TONGALINE.—“Having used Tongaline in practice with satisfaction to myself and patients, I hereby report two very important cases. The first that of my wife, aged 38 years, the subject of severe attacks of hemicrania for twelve years. These attacks would last from one to four days, yielding finally to cathartics, blisters, and the hypodermic use of morphine. Wishing to try the new remedy Tongaline, recommended for neuralgia, I put her on drachm doses, repeated every third hour. Three doses generally sufficed to give relief, but the attacks would return, though milder and of shorter duration, until they finally ceased and left her permanently cured, having used less than one bottle.

“The second case, a Mr. C. C. W., aged 37 years, who had suffered with attacks of supra-orbital neuralgia for about three years. I prescribed, as in the first case, Tongaline one drachm every third hour, until relieved. A few doses generally relieved the paroxysms. The continuance of the medicine for a short time has resulted in a perfect cure.”—*C. McGuffee, M.D., of Tyler, Texas.*

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LYONS' TASTELESS PREPARATIONS OF QUININE.—The approach of the malarial season suggests the propriety of making trial of the above preparations. Our readers will find far more satisfactory results in their use than many of the fluid extracts which have been suggested for the purpose of disguising the unpleasant bitter taste of the drug.

## *Editorial.*

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*W. K. Bowling*

EDITORS SOUTHERN PRACTITIONER: Nearly a year after the event, there comes to me the SOUTHERN PRACTITIONER of September, 1885, conveying to me, for the first time, the intelligence of the death of my friend and preceptor, Dr. W. K. Bowling.

No sadder intelligence has ever crossed the Continent to me, and I cannot refrain, even at this late day, to offer this tribute to his memory. I feel as if I were almost alone in the medical world. All the men



whose names were on my diploma are now dead but, Dr. J. B. Lindsley.

It is not of the medical standing of my friend and teacher that I wish to speak. The world knows that, and anything that I could say would add nothing to his well-earned honors and distinction. It is the moral worth of Dr. Bowling that claims my attention. For a quarter of a century our correspondence, both private and public, was intimate, for during his whole journalistic career I was an almost constant contributor to his journal. He was a man of deep religious convictions, and while he did not publicly blazon them to the world, he acted them out in the humble walks of life. The poor always found in him a sympathetic heart and willing hand. He gave the same care and attention to the most humble in life that he did the millionaire. "He went about doing good." This I know, for I have often been with him, and have admired and even envied his goodness of heart, and have endeavored to profit by his example, and whatever I have been, am, or expect to be, is due to his teachings, by example as well as precept. I met him last in 1873, just after cholera had ravaged the fair City of Nashville. He related an incident to me that made a deep impression upon my heart. An old blind negro, that eked out a miserable existence by playing the flute on the street corners, was stricken with cholera. The doctor attended him and he recovered. After his recovery, his heart overflowed with gratitude to his benefactor, and having nothing to pay him with, he took his flute and sat under the doctor's bed-room window and played it the whole night long. The doctor stated, "I have received many large fees in my life, but that was the largest fee I ever received. Money is trash and is not to be compared to the outpourings of a grateful heart, let it be ever so humble. Such fees lighten the burdens of life and lighten the years of one's existence."

The doctor loved medicine for its own sake, and for the good he was enabled to accomplish by it. In speaking of his religious convictions, he said to me, "I believe in the Lord Jesus Christ and hope for salvation through His merits. I was immersed into His church forty years ago. I have never lived a secular churchman, but I hope a fair Christian. When I die some one will say, 'he was an Infidel.' I leave it to you, doctor, to straighten your intellectual right arm at him with a pen at the end of it."

He has gone to his reward, full of years and good deeds that the morning of eternity will reveal.

STOCKTON, CAL.

S. T. CRAWFORD, M.D.

# ON THE TAIL OF A TRACK; OR, ON THE TRACK OF A TAIL—CUI BONO? PRO BONO PUBLICO!

The following "original"—yes, very original—article, is the leader in the *State Board of Health Bulletin*, published by the Tennessee State Board of Health, bearing date May 31st, 1886, and delivered at our office by mail-carrier on June 25th, 1886, with a request printed in red letters on outside of wrapper, "Please exchange." We have been sending our journal to the Secretary of the State Board of Health since the receipt of the first number of the "*Bulletin*." The leader alluded to has at its head a list or roll of members of said Board, as follows:

## STATE BOARD OF HEALTH OF THE STATE OF TENNESSEE.

J. D. Plunket, M.D., President, Nashville; Jas. M. Safford, M.D., Vice-President, Nashville; Hon. E. W. Cole, Nashville; G. B. Thornton, M.D., Memphis; Hon. D. P. Hadden, Memphis; P. D. Sims, M.D., Chattanooga; Daniel F. Wright, M.D., Clarksville; J. Berrien Lindsley, M.D., Secretary, Nashville.

We give the article, headings and all—

## PROPHYLAXIS AGAINST TRICHINÆ.

OFFICE STATE BOARD OF HEALTH, NASHVILLE, May 5, 1886.

*Dr. J. D. Plunket, President State Board of Health:*

*Sir*—In pursuance of instructions contained in the following communication, I acted with the least delay:

NASHVILLE, MAY 3, 1886.

*Dr. J. Berrien Lindsley, Secretary State Board of Health:*

*Dear Sir*—The life-history of the *trichina spiralis* is now fairly understood, but up to now sanitation has advanced no further than to advise the microscopical examination of all pork, to enjoin that it be well cooked before eating, and to enter a warning against keeping hogs about slaughter-houses, and feeding them on the raw waste products. The perfect protection, however, of the people against this tremendous scourge, and to minimize the sources of infection to the hog, demands, it would seem, a system which shall reach yet further, and prove more thorough, than heretofore. To that end, therefore, the Executive Committee directs that you proceed at your earliest convenience to Huntingdon, and at once seek a conference with the Carroll County Board of Health, and offer to them the following suggestions, which you are directed to urge that they at once practically adopt upon the premises where the Espy family reside (see Dr. J. W. McCall's report, printed in the *Bulletin*, pages 118 to 115, for details):

1. A microscopical examination for trichinæ of all pork slaughtered upon "the H. C. Townes Farm" during the past twelve months should be made at once.

2. All pork discovered to be trichinous should be condemned and subjected to prolonged boiling.

3. All carnivorous animals upon the premises, including dogs, cats, rats, mice and snakes, should be promptly destroyed, and also thoroughly boiled.

4. All hog-pens, together with hog manure, should be burned; and all wells, or other collections of water to which the swine may have had access, or into which drainage from the pens could have taken place, should be closed up.

5. The range of the herd from which the trichinous pork was derived, which afflicted the Espy family, should be closed against hogs for a period of one year.

6. If there are other animals, vertebrate or invertebrate, which it is expected the hogs could have devoured, upon the "Townes Farm," microscopical examination should be made to embrace them also.

A written report covering the results of your visit will be expected.

By order of the Executive Committee.

J. D. PLUNKET, *Chairman.*

On the following morning I took the train for Huntingdon, and upon my arrival there at once sought an interview with the Carroll County Board of Health. A full and free conference was early secured, and it is gratifying to state that I found the board willing, earnest and unanimous in the desire to adopt any and all means which would, as a matter of fact, or which would afford a reasonable basis even for the hope, that this dangerous parasite might be circumscribed in its march, if not wholly exterminated. Dr. J. W. McCall, the attending physician of the Espy family, kindly offered to drive me out to the Townes Farm, upon which the Espys live, where I had the opportunity of inspecting the entire premises, and saw nearly all the members of the family.

At "hog-killing time," which, in this instance, was upon December 15th, 1885, Mr. Espy slaughtered nine hogs in all, turning the greater portion of them into meat. The balance was turned into soap, except the livers and lungs, which were hung up in a tree close by, and which, it is believed, were afterwards eaten by dogs. A close inquiry into the probable sources from whence the diseased hog became infected, revealed the fact that the only animal remains these hogs were likely to have fed upon was furnished by three beavers which had been killed in October or November last. I obtained a portion of one of these beaver's tail, the only part that was left of them, and have had it carefully examined by Dr. Charles Mitchell, of Nashville, for *trichina spiralis*. He reports :

I have made a careful microscopical examination of the piece of beaver tail (from the locality furnishing the trichinous pork), and find the same entirely free from parasites or anything of a suspicious nature. Still, the amount of muscle-tissue in the specimen submitted was so small, that it is doubtful whether it could be considered a fair index of the entire animal.

Mr. Espy still has remaining some thirty hogs of the same herd, which the Carroll County Board of Health will have killed at once, and treated in the manner suggested by the Executive Committee in instructions given above (see No. 2) if it is thought best to do so. The interest manifested by the State Board in this matter is fully appreciated by the authorities of Carroll, and from whom I received assurance that the suggestions offered will be faithfully and promptly carried out.

Respectfully submitted,

J. BERRIEN LINDSLEY, M.D., *Secretary.*

Well! well!! well!!!

And the schoolmaster is at home in Tennessee, and the Blair bill is not passed, nor the Miller substitute.

The President of the State Board of Health of Tennessee and the Chairman of its Executive Committee says that "the life history of the trichina spiralis is now fairly understood;" and goes on with a very timely warning against keeping hogs about slaughter houses, (good), *and feeding them on raw waste products.* (Italics are ours.) Raw waste products will exclude the acorn, the beech nut and other mast; and then directs their Secretary to proceed to Huntingdon, and make investigation, and microscopically investigate "all pork slaughtered upon the H. C. Townes farm during the past twelve months." But No. 2 and No. 3 of these edicts are—well what shall we say they are? We will not give them a name, but will again trouble you, my dear reader, to look at them in our type and see if you cannot see them with our eyes.

"2. All pork discovered to be trichinous] should be condemned and subjected to long boiling." (The query naturally arises, If this pork is condemned by so august a tribunal as the *self-perpetuating* State Board of Health, why boil it?)

"3. All carnivorous animals upon the premises, including dogs, cats, rats, mice and snakes, should be promptly destroyed and also thoroughly boiled." *Eheu! Eheu!! Mirabile dictu!!!* If they are promptly destroyed, why boil them?

Now we wish it to be very distinctly understood that the State Board of Health of Tennessee has no better friend than we are. We speak by the card when we say that we have been intensely interested in sanitary medicine for a full quarter of a century. We also say that we left our legitimate business and came from our country home, worked earnestly, arduously and zealously to get the original bill passed by the General Assembly of 1877. After the bill was passed we thought our labors were ended. But the Appropriation Committee of that year failed to include it in its bill. We came back in 1879 and worked harder than ever to secure an appropriation. Well! the appropriation was made and has been spent every year from that good day to the present. With what result? The very excellent Secretary of this self-perpetuated body does the best he can under the circumstances, and calls to his aid the Health Officer of the Capital City, who, with all the microscopical appurtenances furnished him by the Municipal Council—and he says that they are the best that money can buy—cannot find a trichina in a Beaver's Tail. Now we have some inquiries that we would like our State Board of Health to make.

They are:

1. How is your very talented and able Secretary to so arrange matters, past, present and to come, so that he can make "microscopical examination for trichinae of all pork slaughtered upon the H. C. Townes farm," during the twelve months preceding May 3, 1885.

2. Why, after you have condemned the pork, boil it?

3. Why, after promptly destroying all carnivorous animals, including dogs, (we have no dog law now), cats, rats mice and snakes (the prohibitionist is at work in our capital now)—yes, why boil them?

4. Why burn the hog-pen?

5. Why close the range after you have killed and boiled every thing on it, and burned the hog-pen?

6. How are you going to imbrace in your microscopical examination the animals, vertebrate or invertebrate, which it is expected the hogs could have devoured?

7. If the animal's tail is not an index, where shall we look for a pointer?

The Secretary says that hog-killing time at Espy's was December 15th, 1885, when were slaughtered nine hogs—some made into meat, some into soap, and the "hasletts" hung in a tree close by to be devoured by dogs.

Yet, notwithstanding, nevertheless, and under the circumambient environments, he was furnished with a portion of the tail of one of three beavers, which he, in accordance with instructions—although the beaver is not a carnivorous animal—submits to microscopic investigation with the best microscope that the city of Nashville could buy. *Ille qui sine peccato est, non primum in lapidem mittet.*

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### THREE CASES OF INANITION.

I have recently had an interesting experience with three cases of inanition in infants, and as weak stomachs in babies are so often the subject of the medical man's attention, have concluded to give my experience to the profession.

Case I. C. S., male, aged ten weeks. Was present at the birth of this child, and at birth it was a strong, healthy child; but the mother having no milk, she commenced rearing the child on cow's milk. For a time the child thrived, but the extreme hot weather of last summer was too great a tax upon its digestive powers.

At the age of ten weeks I was called to see it. The mother told me that it had had a similar attack to the one I am about to describe three or four days previously, but had partially recovered from it. Upon visiting the little patient I found it constantly crying. It presented a shrivelled, pinched, mummified appearance, such as one never forgets after having seen it once.

I sat and studied this child carefully, and concluded that the child was not crying from pain, but from hunger, and that the entire trouble was inanition from lack of assimilation. I told the mother I did not think the child would live till I could get to town, a distance of five miles, and get some food out to it. I left a placebo to appease the anxious mother, and returned to the city. I had in my office a sample package of Carnrick's Soluble Food, which had been sent me a short time previously; I also had samples from several other manufacturers, but chose Carnrick's, not because I had any more confidence in it, but because it could be prepared without using any milk.

The father took it home, and some of it was quickly prepared and given. From the first dose the child ceased crying, and commenced thriving at once, very much to my surprise and that of all who saw it.

Cases II. and III. These may be considered as one case, being a

pair of twins, born at the seventh month; I will designate them as babies Nos. 1 and 2.

When these children were born I did not expect them to live, as they were very puny and feeble. When they were six weeks old I was called to visit them, and I found them in precisely the condition of the one previously described, except that there was not the continual crying.

One of them, which I will designate as No. 1, seemed much weaker than the other, in fact, it lay in a condition of stupor most of the time.

I had a small portion of the sample package of Soluble Food left, and ordered them to be fed with it at once. They commenced recovering at once, and continued to thrive as long as the food lasted. In the meantime I had ordered the food from both St. Paul and Milwaukee, but could not obtain it in either city.

When the food I had left them was gone, and as no more of it was to be obtained, they were placed upon the use of another food, which is in very popular use for infants, but it failed to meet the requirements, and, though the greatest of care was used in its preparation, it was but two or three days before they commenced showing signs of inanition; but this time the one designated as No. 2 failed first, dying about a week after we had suspended the use of Carnrick's Soluble Food. The other died four days later.

In the case of these two infants the changes for better and for worse were so decidedly marked that there could be no question as to the effect of the foods, and the parents, as well as myself, are convinced that could we have had the Soluble Food to continue with, both children would be alive to-day.

About a month ago, C. S., case No. 1, commenced showing all of the evidences of a return of the old condition of inanition, though what caused it I could not learn. Not having yet obtained a supply of Carnrick's Food, I prescribed the food that was substituted for it in the case of the other infants, but the child still failed.

In the meantime I had written a brother of mine in Chicago, who succeeded in obtaining some of Carnrick's Food of Fuller & Fuller.

As soon as it arrived the child was fed with it, and the patient is now (two weeks later) nearly restored to its former plump, healthy condition.

If my fellow-practitioners will try this preparation, I can assure them that they will not only be pleased with it, but will save the life of many a little patient that would otherwise be sacrificed.—*Theo. L. Hatch, M.D., in Northwestern Lancet, St. Paul, May 15, 1886.*

### DAVIDSON COUNTY MEDICAL SOCIETY—REGULAR MEETING.

The Davidson County Medical Society met in the Chancery Court Room on Saturday, June 5th, 1886, at 3:30 P.M., and was called to order by the President, Dr. J. B. W. Nowlin. Drs. Arnold, Blackman, Cain, Crawford, Cook, De La Rue, Duncan Eve, P. F. Eve, Hardin, Hiller, Roberts, Saunders, and E. L. Stephens, were present.

On motion of Duncan Eve it was decided to hold meetings twice each month, the regular meeting to be held on the 1st Saturday in the morning or afternoon, and a special meeting on the second Saturday following at night. Nothing but reading of papers, reports of cases, and discussion thereon, to be brought before the night meeting.

The regular order of business was then taken up, and Dr. Deering J. Roberts read a paper on Diphtheria, taking the same ground and advocating the same views, as he stated that he had laid before the State Medical Society at its meeting in Memphis in 1878.

The paper was discussed by Drs. Blackman, Duncan Eve, Cain, and Cook.

Dr. Harris, who was appointed to open the discussion on Cholera not being present, this subject was postponed until the next regular meeting.

Dr. T. P. Crutcher was elected to membership. The Executive Committee announced that at the meeting to be held on the second Saturday following, Dr. Haggard would read a paper on Dysentery, the discussion to be opened by Dr. Crutcher.

Adjourned.

W. F. ARNOLD, M.D., *Secretary*.

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The Davidson County Medical Society met in the Criminal Court Room, Saturday, June 19th, at 8 P.M., and was called to order by the President, Dr. J. B. W. Nowlin. There were present Drs. Grant, Glenn, Haggard, Cain, P. F. Eve, Crutcher, Hardin, Kinkead, and Roberts, the latter acting as Secretary in the absence of Dr. Arnold, who was unable to be present on account of illness.

Dr. J. S. Cain read a very complete, able, and interesting paper on Dysentery, which was discussed for more than an hour, by Drs. Haggard, Crutcher, Hardin, Grant, Glenn, and Kinkead.

Dr. C. W. Patterson was elected to membership.

Adjourned, until the first Saturday in July.



BROMIDIA :—*J. Lindsay Porteous, M. D., F. R. C. S. M. R. C. P. Ed.* In the April No. of the Edinburg Medical Journal says :

"Of late there has been a great influx of new drugs, some of great value, others of little or no use. Where a medical man has an extensive practice, consisting of rural and urban patients, he has ample opportunity of testing the effects of drugs, as the varieties of disease that come under his notice are great; and although his means of watching the actions of drugs are not so good as in hospital practice, yet a good deal can be done if he cares to take a little trouble to "take notes."

The following is one which has been used for some time by my colleague (Dr. Proudfoot) and myself, and I give the results :

*Bromidia.*—About eighteen months ago a friend of mine from America told me of the wonderful effects of a medicine, much used in the States, called *Bromidia*. According to the makers, it is composed of chloral hydrate, 15 gr.; potassium bromide, 15 gr.; extract of cannabis indica,  $\frac{1}{8}$  gr.; and extract of hyoscyamus,  $\frac{1}{8}$  gr. I obtained some and have ordered it regularly for over a year; and have found it excellent in the pain of rheumatism, pneumonia, and cancer; also in the sleeplessness of scarlatina and alcoholism. It has never failed me in procuring sleep, without the disagreeable dreams and after-effects of opium. The dose is ʒss. to ʒj. every hour till sleep is procured. I have also found it of much service in cases of tonsillitis, used as a gargle with glycerine and carbolic acid.

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SMITH COUNTY MEDICAL SOCIETY: From a correspondent at Rome, Tenn., we have received the following:

"Quite a number of the medical profession met at Carthage on Monday, June 14th, for the purpose of organizing the Smith County Medical Society. Dr. John L. Jones, former vice-president, made a very appropriate and pointed speech, stating the object of the meeting, also urging the necessity of such an organization. It was unanimously decided to organize the Society, and the following officers were elected: Dr. John L. Jones, president; Dr. C. S. Sampson, vice president; Dr. B. D. Austin, treasurer; Dr. W. T. Bains, corresponding secretary, and Dr. Frank Swope, recording secretary.

Drs. A. H. King, F. G. Oliver, J. B. Wilson, H. W. Blair, J. L. Alexander, E. H. Knight and J. L. Jones were appointed as a com-

mittee to draft a constitution and by-laws, to report at a meeting to be held on the first Monday in July.

The meeting then adjourned to meet at 9 o'clock, in Carthage, Monday, July 5, 1886. There was quite an interest manifested by the gentlemen present, and we feel confident that the success of the Society is assured."

LACTOPEPTINE.—Dr. Levezey writes: "While wintering in Florida I met with my annual patient, a young lady of twenty-eight, from Chicago, who was sent hither three or four years ago in order to pass out into the "spirit land" comfortably, who now being troubled with poor appetite, a slight but distressing nausea, great debility, irregular menstruation, excessive cardiac action on the least exertion, &c. I ordered 1 oz. bottle of *Lactopeptine* of the N. Y. Pharmacal Association's manufacture and she improved at once. Soon after, she met a lady friend, who told her she ought to take *Lactopeptine*, stating what wonders it had done her, who was troubled "just the same way" (of course). "Why, bless me," said my patient, "that is just what my doctor prescribed for me and I am doing nicely." By the time she finished the small vial she declared she never felt better in her life, her appetite being regular and everything O. K.

N. B.—She has taken since *Lactopeptine*, Elixir, Calisaya, Iron and Bismuth, with excellent results.—*The Medical Summary*.

SUMMER DIARRHŒA.—In the large class of summer diarrhœas of children and adults, with griping in the bowels and flatulence, the use of *Listerine*, in doses varying from ten drops to a teaspoonful (with or without water), has a most salutary and pleasing effect.

It can be administered at short intervals after eating, as soon as regurgitation, distension or acidity occurs. Its action in arresting excessive fermentation is prompt, besides it exercises a decided sedative influence on the mucous membranes of the stomach.

The thymol, menthol and boracic acid which, with the quota of alcohol necessary to their proper admixture, form the principal elements of *Listerine*, lend to this compound a special value in this class of cases.—*New York Medical Journal*.

In quite a number of instances we have made similar use of this excellent preparation, with the most gratifying results.

2 S.P.

A correspondent to the *Medical Record* suggests that physicians should always have their cards engraved with the "M.D." after their name, rather than the previx "Dr." to the name. "The abbreviation 'Dr.' does not distinguish whether a man be a physician, dentist, veterinary, lawyer, or divine, all of whom have the legal sanction, and the first three the sanction of custom, for the use of the term 'Doctor.'" When the degree of M.D. is conferred it becomes as a part of one's name as the John or Thomas, given at the baptismal font.

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AN ITEM.—Dr. W. C. Maxey, of Marcus, Iowa, writes us as follows: "You may say to your readers that when the lines of graduation on clinical thermometers, graduated glasses, unirometers, etc., become dim and illegible from use and wear, that a little writing ink, rubbed over the marked surface will surprise them at the prominence and clearness with which the lines and figures are again brought into view."

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A NEW JOURNAL.—We have received the first number of the New York *Medical Monthly*, a journal of medicine and surgery, edited by Leonard J. Corning, M.D. "The objects of our publication," says the editor, "are entirely practical, and the teachings of the clinic will at all times be accorded precedence over those of the laboratory, except where the latter have an immediate bearing upon diagnosis or therapy."

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SALICYLIC ACID FOR FOOT-SORES.—An ointment consisting of seven parts salicylic acid and ninety-three parts of suet is used as a remedy for foot-sores, chafes, or sores from walking, riding, etc.

VOGEL relates the following in his "Diseases of Children:—" "I once treated an American lady, who still suckled her son, who was *two and a half years old*, till one morning, when the strongly developed, robust child was called to be nursed, he very kindly replied: 'I thank you, dear mamma, the nursing is too tedious for me.'"

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JUST SO:—The discovery has been made in Columbia of a shrub (Medical Abstract) which exudes a juice having so powerful an effect in arresting the flow of blood, that large veins may be cut by a knife and smeared with it. It is called "aliza" by the natives.

Very correct, a lie sir.

---

THE *Medical Record* states that there are not over fifteen Homœopathic physicians in the whole limits in the State of Virginia, yet a bill has been introduced into the the Legislature of that State to create a Homœopathic Board of Medical Examiners.

---

PREVENTION BETTER THAN CURE.—The cost of small-pox to the State of Tennessee during the past five years, has been estimated by no less an authority than the State Board of Health to have been \$141,619.91.—*Scientific American*.

NOT a soldier in the Prusian Army has died of small-pox since 1885. This immunity is undoubtedly due the strictness with which vaccination is enforced.—*National Druggist*.

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## *Original Communications.*

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IS THERE SUCH A DISEASE AS TYPHO-MALARIAL  
FEVER? \*

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*A paper read at the Fifty-third Annual Meeting of the Tennessee State Medical  
Society in Memphis, Tenn.*

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BY DEERING J. ROBERTS, M.D., OF NASHVILLE, TENN.

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The late Joseph J. Woodward, M.D., Surgeon United States Army, has the somewhat questionable honor of giving typho-malarial fever a "local habitation and a name" in the nosology of the United States Army, and said, "Yes." At a later day, he said, "No."

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\* The following resolution was adopted: -

*Resolved*, That a committee of four members be appointed to report at the next meeting of the Society as to the existence of such a Fever as Typho-malarial, and that Drs. D. D. Saunders and O. H. Menees be appointed on the committee, with the privilege of each selecting an associate member.

Dr. Saunders moved, and it was adopted, that Dr. Deering J. Roberts be added to the committee as chairman.--*Proceedings Tenn. State Med. Society, Fifty-second Session, 1885.*

Quite a number of writers earnestly contend that such a disease does exist, while others, with great pertinacity, deny it. Yet others, again, while neither persistently denying or affirming its existence, passively submit that it is a convenient and expressive term, and should be, for this reason, retained in our nosology. Science, it is said, is truth; if so, we protest against giving this hybrid, having "neither pride of ancestry nor hope of posterity," a place among respectable diseases.

Authors usually recognize six distinct idiopathic fevers: three non-eruptive—malarial, typhoid, and yellow fever; and three eruptive—measles, small-pox, and scarlet fever. These fevers all depend, each upon its own specific poison, whether cryptogamous or animalcular, or some imponderable agent, is as yet not definitely determined, and is not strictly necessary to this inquiry. We have reason to believe that all these poisons, with the exception of malaria, are developed within the bodies of men.

These poisons, once getting possession of the human system, work out a train of phenomena which constitute, in the aggregate, one of the fevers above named; and in the whole range of medical science no other diseases exhibit such unvarying characteristics. In nature, like produces like. The notes C sharp, or B flat, struck upon a musical instrument, give no uncertain sound, and are repeated definitely and exactly, though centuries may have intervened between the acts. The sound is always recognized as C or B, and nothing else. So the system impressed with either one of these poisons can work out no other phenomena than those of the disease to which it pertains. Then we assume that these types of disease are distinct in character and unblending. No two can hold possession of the system, and work out their train of signs and symptoms at the same time. We do not contend that two cannot occupy or have possession of the system at the same time, *but that the action of one is always in abeyance, and is deferred.*

These diseases are remarkable in not exhibiting types of themselves; malaria and scarlet fever being the exceptions.

Rhazes and Avicenna, centuries ago, recognized many of the great facts connected with the idiopathic fevers, but falsely claimed that types of the eruptives were interchangeable; that they were simply varieties of the same disease. The world religiously accepted their dicta, until the great Sydenham exploded the dogma by demonstrating that they were separate diseases, dependent upon separate poisons for their origin. Sydenham, however, neglected to state that the same

law applied to *non-eruptives*. For this reason the profession continued to harp upon remittent fever changing to typhoid, and *vice versa*, until Dr. Woodward solved the problem by marrying the two. The fact is that the doctors were changing, or endeavoring to cover up false diagnosis by falsifying science.

In the next place, we remark some of the points of difference connected with the generation and behavior of typhoid and malarial poisons. The typhoid poison is mostly developed in the late fall and winter. Malarial poison absolutely depends for its existence upon a high degree of solar heat, and is consequently developed in the summer or early fall; though it may lie dormant in an unfallow field until mid-winter, or later, when, under the culture of extremes of temperature and exposure thereto, irregularities in diet, or one or more of the many predisposing or exciting causes, intrinsic or extrinsic, the spark is applied to the malarial magazine, and then the explosion. Typhoid fever is usually found most prevalent in temperate and high latitudes; malarial fever in warm climates, low, alluvial localities—thus constituting the fevers of their respective localities. Typhoid fever germinates upon the hill-tops and high table-lands; on the contrary, malaria festers and fattens in the lowlands, the swamp, and the rich alluvial plains. Typhoid fever is most generally developed in dry localities; water is an absolute essential in the development of malaria, the only theory substantiated by all the facts being that “pure water, imprisoned or prevented from evaporation, and subjected to high solar heat, evolves it,” after which it is transmitted by the lower strata of the atmosphere. It is also probable that water may reabsorb it, and carry it in solution, thus becoming a vehicle of transmission; yet so great is its affinity for water that it never passes or goes beyond considerable bodies of it. Noting these points of difference in the two fevers, it would hardly seem possible or probable that they would have a tendency to blend. Yet one of the ablest clinicians and most experienced teachers of medicine on this continent, in one of the most recent works, and the *best*, on the practice of medicine we have lately had the opportunity of perusing - no less a personage than the “Father of the American Medical Association”—Prof. N. S. Davis, M.D., L.L.D., of Chicago, Ill.—in his recent work, “*A Text-book on the Practice of Medicine*,” on page 203, has the following:

“As I expressed fully when discussing the subject of typhoid fever, there are many localities in which the causes of both continued and periodical fevers exist at the same time, and are consequently exerting



their influence on the system conjointly. The result is not the production of a separate and distinct form of fever, to be distinguished as typho-malarial, but simply an intermingling of the symptoms and pathological changes of the types of fever in the same patient."

In a further paragraph, regarding them as mixed or complicated fevers, in which if the malarial element predominates it will be a periodical fever, with typhoid symptoms and tendencies; if the causes of typhoid fever predominate, true typhoid fever, complicated with symptoms of malarial influence. Need I say that his treatment is as equally mixed as his pathology?

From the lakes we will go to the gulf; and, in "*Feeper's System of Medicine*," Vol. I., page 614, we find the following from the late Prof. Samuel M. Bemiss, M.D., of New Orleans, La. :

"There are no facts, however, which support a conclusion that the malarial poison is capable of forming combinations with the particular poisons of other specific fevers, and giving birth to a new special poison which may be perpetuated by successive generations, and thus produce epidemics of a new and compound disease. It is not interchangeable with other specific poisons. These statements may be rested upon fairly collected clinical observations. There are no facts which justify the belief that malaria is capable of becoming mixed in the atmosphere or outside the system with any other specific morbid germ, so as to produce a third something which may give rise to a compound form of disease." And yet, in the face of this want of facts, he adopts the term typho-malarial as "a convenient addition to medical nomenclature," and goes on to the treatment of the two diseases compounded in the same patient.

But as the wise men of old came from the East, let us go there. Prof. Alfred L. Loomis, M.D., L.L.D., of New York, in his excellent "*Text-book of Practical Medicine*," essaying to get on both sides of the typho-malarial horse, in the beginning of his article on "Continued Malarial Fever," on page 826, speaking of continued malarial presenting typhoid symptoms synonymous with the so called typho-malarial fever, under the heading of "etiology," on a succeeding page, says that "there can be no question that malaria is essential for its development." To quote him further, we give the following :

"It is equally certain that some other poison besides malaria is in operation wherever it prevails. This poison is not the specific poison of typhoid fever, nor is its development and spread in any way connected with the excrements of one suffering from the fever." And

again, in the fourth of his etiological facts: "In its morbid anatomy and symptomatology it is a combination of malarial and septic fever." He also says in regard to the so-called typho-malarial fever: "This fever is produced by the continued action of *septic* and malarial poisons."

Dr. Geo. M. Sternberg, of the United States Army, in his monograph on "*Malaria and Malarial Diseases*" (Wood's Library, July, 1884, page 250), in speaking of "adynamic remittent fever," which we regard as absolutely identical with the so-called typho-malarial fever, says as follows in referring to the latter, after quoting from Wood, who believed in the "coöperation of a typhoid epidemic influence with miasmata:" "No doubt the number of cases properly so called has greatly diminished since the physicians have learned to administer quinine freely without waiting for a remission." His article on this subject throws much light on it, if properly read between the lines, as well as with them, and with the mind divested of the *ipse dixit* of past and present writers, who now, as formerly, are too prone to take for granted that which has been said.

Prof. Austin Flint, Sr., M.D., in the latest edition of his "Treatise on the Principles and Practice of Medicine," discusses the subject of typho-malarial fever as a distinct entity, well established, and invokes the shades of the great Drake to fortify his views. He certainly never had in view a Chickahominy fever, for he spoke of remitto-typhous, or a fever of the Appalachian chain of mountains, at an altitude of 1,500 to 6,000 feet above tide-water. He says that in this region intermittents are almost unknown, but that remittents assume the continued form. Drake certainly never asserted that the two diseases were blended in one, but used the term *typhous* adjectively to indicate a condition. Wood follows Drake and a false scent, in the same sentence. After stating that bilious fever is sometimes of a low, adynamic, or typhous character from the beginning, he goes on in the very next breath to say "that this may be the result of a previous exposure to causes calculated to depress the vital powers, and to deprave the blood [*correct!*], but it probably more frequently arises from the coöperation of a typhoid epidemic influence with miasmata." Hot and cold in the *same* breath!

The illustrious Drake referred essentially to a mountain fever, assuming an adynamic form because of local surroundings, and probably due to surroundings entirely different from those pertaining to Chickahominy fever.

Drake, in his monumental work "The Principal Diseases of the

Valley of North America," in speaking of the "development and pathological character" of malarial diseases, says on page 740: "Thus all the sub-diaphragmatic viscera, except the pancreas, are subject to inflammation in this fever. . . . Wherever the inflammation may be seated it complicates the case, and creates a new kind of danger. Although it may abate with the subsidence of the hot stage, it does not cease. The affected organ shows signs of suffering during the apyrexia, which it renders imperfect. The succeeding exacerbation may be prolonged by it, and an intermittent may thus be converted into a remittent; while the latter not infrequently, as already said, passes nearly into a continued type from the same pathological cause." Again, on page 789, in speaking in regard to the treatment of remittent fever in connection with visceral inflammation, he says: "Should any one of these inflammations become intense, the fever may become a continued type, when quinine would, perhaps, prove useless," etc.

Dr. Flint says: "In typho-malarial fever the symptoms distinctive of typhoid fever are intermingled with those of periodical fever." The symptoms referred to are those connected with the abdominal lesions of typhoid fever—namely, diarrhoea, tympanites, and iliac tenderness. "The ataxic symptoms belonging to the typhoid state—namely, tenderness, deafness, subsultus tendinum—occur more frequently and are more marked than in connection with simple remittent fever."

No one knew better than Dr. Flint that these characteristics may be common to any disease marked by adynamic conditions without reference to typhoid fever. Dr. Flint well knew that in the adynamic form of remittent fevers, irritation, inflammation, and ulceration of that portion of the intestine occupied by Peyer's patches, and other gastrointestinal lesions, are common when typhoid influence is inoperative and cannot be demonstrated. In other words, enteric irritation, if continued for any appreciable length of time, no matter how produced, or whence derived, never fails to produce febrile manifestations of an adynamic and ataxic character.

This criticism of Dr. Flint's views was written before we had learned of the great and irreparable loss American medicine had sustained in his death. No one more than myself held him in higher esteem, or had greater admiration for him as a physician, a teacher, a writer, and a man. Truly, indeed, had he attained the highest pinnacle of fame in connection with medicine on this side the Atlantic, as did his illus-

trious friend, Gross, in surgery. Yet other great minds, with so great a field before them as is offered by medical science, had, with the many problems commanding the intensification of their intellect, overlooked, or taken for granted, or adopted views which we now know to be erroneous. Jonathan Hutchinson does not admit the duality of chancre and chancroid; and the immortal John Hunter himself, whose name and fame will endure so long as aneurisms may form, and arteries need ligation, and whose name has been given to a specific form of venereal sore, believed and taught that gonorrhœa and syphilis were one and the same, having not the slightest imagination of their quality, to say nothing of that of chancre and chancroid. Yet we cannot say that his mind was not critical, his observation minute.

Dr. Bartlett says in his work on fevers: "It is certainly very important that the *typhoid* state of the system occurring in connection with many diseases should be distinguished from typhoid fever; and he adds, in Italics, "*Unless this be done there is an end to all positive and philosophical arrangement.*" He also says "that phenomena grouped as typhoid may occur in many diseases—namely, subsultus tendinum, tympanitic distension of the abdomen, diarrhœa, gurgling on pressure, a dry, red, cracked tongue, sordes on the teeth, wandering delirium, sudamina on the neck, in clear and unequivocal cases of puerperal peritonitis."

The late Prof. W. K. Bowling, M.D., in the January (1880) number of *The Southern Practitioner*, thus reached for Dr. Flint, quoting him: "Typho-malarial fever is caused by the action of malaria with the special cause of typhoid fever." Dr. Bowling says: "There is no gap in the thought or the language. A hybrid cause of a hybrid disease! No gap in the edge of the axe, for the poll is presented; no gap in the thought, for it is driven into its kindred mud by the crushing force of the stroke." He prefaces this statement by the very positive assertion in regard to typho-malarial fever "that there is no such fever; the very suggestion awakens the conviction of a pathological absurdity—nay, a pathological impossibility."

In all our esteem, admiration, veneration and respect for the greatest medical philosopher of his day—not even excepting his illustrious teacher, Daniel Drake—we cannot fully agree with our old teacher in *his* copulation of diatheses. We do not any more admit that "two epidemic diathesis may coëxist and coöperate in the same person," any more than the diseases that spring from them. But we assume—

1. That two specific poisons of idiopathic fevers may have access

to the system at the same time; but only one can work out its legitimate phenomena at the time, the other remaining passive, or semi-passive, dormant, latent, quiescent, or partly so, until the first, or more powerful, has expended its energies.

2. Many diseases may show the impress of a latent poison without an essential blending of types.

3. Any disease which, from any cause, or in any situation or combination of circumstances, puts on an adynamic form, does so *as a result of enteric irritation*, ENTERIC INFLAMMATION, OR ENTERIC ULCERATION.

The Chickahominy fever was not a blending of two diseases; nor was it the existence of one impressed by the diathesis of the other. It was simply a malarial fever of an adynamic type or form, notably characterized and rendered so by enteric derangements and lesions. Many, if not all, who suffered from it had come from their distant homes uncontaminated by malarial or typhoid poison. They had been surrounded by every comfort—breathing a pure air, drinking good water, eating wholesome food, and sleeping in good beds. In the Chickahominy swamps they were thrown into a hot-bed of malaria, subjected to every privation and hardship of a soldier's life, deprived of proper food and water, sleeping without adequate protection, compelled to undergo forced and tedious marches; in fact, all their surroundings being of a character they were not accustomed to. What was the result? Malaria found them an easy prey. Malarial attacks seized them, suffering as they were from nervous exhaustion, mal-nutrition, occlusion or crowd poisoning. It found many of them already suffering from active and well developed, or latent and incipient, enteric irritation. These men became fit subjects for malarial or periodical fever, rendered continuous by intestinal, gastro-intestinal, and other visceral lesions. That enteric irritation predominated should be a matter of easy solution. Such lesions have been noted by all careful investigators as of frequent occurrence in malarial fevers. Does not the records of every writer from the earliest day to Woodward's, and from then until now, evidence this clearly and conclusively? The subjects of Chickahominy fever were notably the subjects of enteric irritation. Every possible cause existed to produce in them this particular lesion, and when they succumbed to the superadded influence of malaria in its most violent form, is it any wonder that those who had been accustomed only to the ordinary efforts of malaria should have been startled, surprised, and that an advanced and progressive

mind like Woodward's should have thought that something unusual, out of the ordinary run—in fact, a new disease—had been developed?

Dr. Henry Hartshorne, of Philadelphia, who saw many of these cases that were brought to that city, was very near right, as we find him saying in *Reynold's System of Medicine*, Vol. I., page 231, as follows: "Three morbid elements appeared to combine in the causation of these cases—malaria, camp or "crowd" poison, and the dietetic deficiency which produces scurvy, and gives the scorbutic taint to other diseases." His deficiency was in not seeing or recording these combined agencies of occlusion, dietetic deficiencies, and other influences producing enteric irritation on which the malaria supervened.

J. B. Davis, M.D., published in London in 1810—but little over half a century before the Chickahominy hybrid was developed—"A View of the Fever of Walcheren, and Its Consequences." His clear and very minute description of which does not leave many shades, tints or shadows to be filled in to entitle it to the name of typho-malarial. "The Walcheren fever," he says, "assumed the quotidian, tertian, double-tertian, and even remittent type. It did not uniformly declare itself with the same type, being one while continued, then remittent or intermittent, and changing its type again from these to the continued character. I believe the Walcheren fever in many instances would have ceased but for the derangement it had occasioned in the abdominal viscera, becoming in some measure a secondary disease." The *premonitory symptoms* were weakness, nausea, headache, universal languor, dejection of spirits, always combined with a vitiated state, suppression or diminution of the intestinal and biliary secretions.

*After the paroxysms*, headache, confused intellect for two or three days, ending in coma and stupor. At other times, continued pyrexia, whiteness of the tongue, distension and uneasiness of the epigastric region, and anorexia. Then the bowels become painful, and there were diarrhoea, discharge of mucus, or much blood, intermingled with feces. Gray, clay-colored, watery stools, and rapid marasmus, were common in cases tending to a fatal termination.

To read the necropsies of Dr. Davis, one would need far greater acuteness of vision and discrimination than we can claim, to find any difference whatever between them and those published more than fifty years after as autopsical records and observations of Chickahominy, or so-called typho-malarial fever. Verily has history repeated itself!

And now, in conclusion, this assertion we feel no hesitation in making: The *post-mortem* appearances in cases of true typhoid fever

differ from those in malarial fever, even though it be accompanied by enteric irritation, inflammation, or ulceration. In typhoid fever the local lesion is at first, and in some cases to the last, limited to the glands of Peyer. When contiguous parts are involved it is a secondary result. In malarial fever the enteric irritation begins in the mucous membrane; Peyer's patches may be involved, but as a secondary result. In this we have a specific lesion, in the other a non-specific. It may seem to be a splitting of hairs, but investigate for yourself, or read carefully, with this view in your mind, the recorded observations of others, and you will not only see a distinction, but a difference.

As for the lenticular spots, the characteristic eruption, we find such a diversity of statements we have considered them as worthy of but little, if any, attention. Hartshorne says "they were often wanting altogether;" Flint that the eruption "may be observed;" Loomis that "although an eruption may be present, it has none of the characteristics of the typhoid eruption, is not rose-colored, does *not* disappear on pressure, and remains visible throughout the whole course of the fever;" Bemis is negative, except that he reports a case admitted to Charity Hospital December 10th who had been ill some days with ague; rose spots on abdomen on December 13th; fresh rose spots December 14th; new rose spots December 17th. And so it goes.

But let us turn to the bard of Avon, and see if he cannot help us out of the difficulty:

*Hamlet.* Do you see yonder cloud, that's almost in the shape of a camel?

*Polonius.* By the mass, and 'tis like a camel, indeed.

*Ham.* Methinks it's like a weasel.

*Pol.* It is backed like a weasel.

*Ham.* Or like a whale?

*Pol.* Very like a whale.

## PNEUMONITIS.

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*A paper read before the Bedford County Medical Society, July 5, 1886.*

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BY

R. F. EVANS, M.D., SHELBYVILLE, TENN.

---

We are all more or less familiar with the disease we call pneumonitis, or pneumonia, but to understand what we mean by these terms we must realize what tissue is affected, and to understand that we must consider what constitutes the parenchyma or substance of the lungs. "These terms relate to the air cells or vesicles, together with the bronchioles, or terminal bronchial branches. These are lined by a membrane differing materially from the mucous membrane lining the successive divisions of the bronchial tubes. The membrane which lines the air-cells and bronchioles is distinguished by its tensity, by the absence of mucous follicles, and by a change of epithelium from the cylindrical and ciliated to the squamous or tessellated variety."

The air-cells and bronchioles make up the lobules, and these, united by means of areolar tissue constitute the lobes into which each lung is divided. The inflammation in pneumonitis is therefore seated in the membrane lining, the air-cells, and bronchioles. This difference in the structure of this membrane, as compared with the bronchial mucous membrane, together with a difference in their functions, will serve to account for the fact that the inflammation in pneumonitis may be limited to the pulmonary substances, and also the fact that in bronchitis the inflammation does not extend to the pulmonary parenchyma. Pneumonitis when not developed as a complication of some existing disease, usually affects an entire lobe; and this is expressed by the term



lobar pneumonia, and when limited to a portion of a lobe, it may be characterized as circumscribed pneumonitis. This inflammation in the great majority of cases is acute, but it may, and does, occur in the chronic form. The course or career of acute pneumonitis into stages is based upon the differences as regards the anatomical character at different periods of the disease. The first stage embraces the period in which the lobe affected is in the state of active congestion or engorgement. The second stage is when the affected lobe, or a greater part of the lobe, has become solidified by the inflammatory product or exudation, and is then called the stage of solidification or hepatization. In this stage of the disease, if it pursue a favorable course, absorption of the exuded matter begins, and if it is continued, convalescence ensues, and we call it the stage of resolution. If, on the contrary, the disease pursues an unfavorable course, the third stage comes on, which is one of suppuration, or purulent infiltration. Gangrene sometimes occurs at this period of the disease, but in either case the disease is generally fatal. In the great majority of cases of acute pneumonitis, the attack commences with a chill, usually well pronounced, and frequently accompanied with rigors of some hours duration. Coincident with the chill, or speedily following it, pain occurs, and in most cases fever arises about this time. Cough is usually present at or soon after the invasion of the disease, and is generally attended with pain, and some expectoration. The matter at first expectorated is scanty, transparent, and viscid, but soon assumes characters which are very distinctive of the disease, becoming semi-transparent, adhesive, and has a reddish tint, hence it is commonly known as the brick-dust or rusty expectoration. Purulent expectoration denotes that the disease has passed into the suppurative stage, and is a warning note of danger, or of a protracted illness. Fever occurs with or soon after the invasion of the disease, and continues pretty much through the inflammatory stage, with pain in the affected side, and head, loss of appetite, thirst, prostration, heat of skin, etc. The pulse varies much in different cases, ranging in frequency from eighty to one hundred and twenty per minute. The thermometer in the axilla indicates more or less increase of heat; in mild cases

not often above  $104^{\circ}$ . Higher temperature than this denotes greater severity of the disease, and danger. The respirations are increased in frequency and sometimes very painful—particularly if the inflammation has invaded the pleura. Delirium occurs frequently in acute pneumonitis, but if mild and merely incidental to high febrile movement is not of much significance, but if produced by an extensive inflammation of more than one lobe of the lungs and rapid exudation of coagulating material, filling the air-cells and rendering them incapable of performing their healthy functions, there is imminent danger. The blood not being properly oxygenated and enabled to get rid of carbonic acid thrown out by respiration, becomes deleterious and poisonous to the brain tissue, hence muttering and delirium; “and the brain, which we suppose the soul’s frail dwelling-house, doth by the idle comments that it makes, foretell the ending of mortality.” The cause of pneumonitis is many fold, and no period of life is exempt, though some authors say that it is infrequent under five years of age.

Sudden changes in the temperature from warm or pleasant to damp, chilly, and cold weather, render the disease more frequent in the winter and spring than summer or fall. In a large proportion of cases of acute pneumonitis the disease seems to develop spontaneously—that is, that is not referable to any obvious causative agency. An adequate or internal cause may exist, but its nature and source are not well understood. Sometimes the disease may be produced traumatically by injuries to the chest, but thus produced the inflammatory action rarely extends beyond a single lobe, and sometimes only a portion of a lobe may be affected. In this latitude and locality we regard its chief cause to be sudden changes in the temperature, cold, wet weather occurring after warm or pleasant days. In some years it is more frequent than in others, yet we can hardly say that there is any great difference in the temperature, or enough to produce the disease, or to make it more frequent, except that some internal or adequate cause exists that escapes observation.

“Pneumonia often occurs during the prevalence of winds, especially, the winds of spring; and not with winds from any

particular quarter, for it is found to prevail with south-west winds as frequently as with east or north east winds. Now, in this connection we have rather overlooked the fact that winds are carriers of dust as well as conveyers of cold (or rather abstractors of heat); and that while, on the one hand, they carry away heat from the surface of the body, on the other hand they gather up all kinds of dust, and blow all manner of micro-organisms into our air-passages. It has been noticed again and again that all depressing agencies may predispose to pneumonia, such as exhaustion from physical fatigue and depressing emotions, and it may be that exposure to a cold wind acts both as a predisposing cause, by the depression of the normal resisting power it produces by rapid abstraction of heat, and also as an exciting cause by means of the micro-organisms it blows into our air-passages. In this connection I wish to call the attention of the society to a discussion that occurred in the last annual meeting of the New York State Medical Association.

The question was, "Is acute lobar pneumonia a primary local inflammatory disease, or is it an essential fever, the pulmonary affection being secondary thereto, constituting its anatomical character?" The conclusions reached by Dr. Flint, and nearly all the others who took part in the proceedings, was that pneumonia is an essential fever, and not primarily and inflammatory affection of the lung tissue.

"Dr. Flint says. First, acute lobar pneumonia is characterized by an enormous exudation into the pulmonary alveoli, and that this exudation may be rapidly absorbed, leaving the tissues intact. Second, acute lobar pneumonia never persists and becomes a chronic affection. Third, it is never referable to any appreciable local condition, nor is it possible by any form of traumatic injury to produce the affection. Fourth, ordinary causes of local diseases (inflammatory) are not capable of producing acute lobar pneumonia. The traditional belief that the disease may be produced by cold is without foundation, and is being abandoned even by the Germans. Fifth, that a special or specific influence is invariably the cause of acute lobar pneumonia is rendered probably by its occurrence at times as an epidemic disease.

Sixth, it differs from acute primary local inflammation, in that at the outset of the disease there is a pronounced chill."

This is high authority, and should not be lightly condemned, or even differed from, but my experience, limited as compared with theirs, does not bear the same testimony. And, first, we have seen in this country the primary evidence of local inflammation before there was an elevation of temperature, and increase of the circulation sufficient to say that the fever existed. Second, we have seen and do see what we call chronic pneumonia following an acute attack. Third, this assertion is rather ambiguous, that the disease is never referable to an appreciable local condition, but the evidence of other writers—able men, too—bear concurrent evidence and testimony that traumatic injuries may, and do produce local lobar pneumonia. Fourth, that ordinary causes of local diseases, cold, dampness, etc., never produce acute lobar pneumonia is contrary to our experience and belief, for that cold is the most prominent, tangible, and constant cause of pneumonia, is affirmed by the best medical authors, from Hippocrates down to the present day; and is in harmony with the experience of our best, most observing, and practical physicians. Fifth, that it differs from other acute primary local inflammation in that at the outset there is a distinct pronounced chill, while in my experience, and I doubt not the opinions of others, any local inflammation of gravity, or affecting important organs or tissues is usually ushered in with a chill. Sixth, that a special or specific influence is invariably the cause of acute lobar pneumonia is rendered probable by its occurrence at certain seasons, greater frequency in certain climates, and occurring at times as an epidemic. Now we know that the disease does occur more frequently at certain seasons, but these seasons are usually the cold, wet, and damp seasons of winter and spring, and it perhaps is susceptible of proof in certain localities that malaria has a marked influence on the disease under consideration, and it may be affirmed that many other diseases are governed by the same laws and affected by some special or specific influence. It appears to me that this theory of pneumonia as advocated by those gentlemen is on a line with that of several eminent German writers who affirm

that a "pneumo-coccus" has entered the circulation, and set up its specific systematic fever, and which also produces acute lobar pneumonia.

In acute pneumonitis, its pathology may be said to be characterized chiefly by an exudation which does not lead to the production of new tissue, and adhesions, as in pleuritis and peritonitis, but fills up, and distends the air-cells, and is said to be not expectorated, but is removed by absorption. The diagnosis and prognosis are too familiar to all practicing physicians to require any notice at this time and place.

As to the treatment, it is about as varied as the pathology as entertained by different writers, and in different localities. Among some German writers iodide of potassa is regarded as the great and best remedy, venesection and blistering having been nearly entirely discarded. Stimulating liniments and warm poultices or to the chest are recommended to be constantly applied, dry cups, sinapisms, and stimulating lotions. A purgative at the commencement of an attack is generally indicated, and called for. Some physicians still use mercurials freely, and continue them during the course of the disease, but the weight of authority is against such a course. When a case is seen early in its attack, and occurring in a region where malarial troubles prevail, or have prevailed during the preceding summer and fall, a full dose, ten to twenty grains of quinine, is a favorite with many physicians. In this part of the country a favorite remedy with many is *veratrum viride*, and its use is commenced as soon as the prominent symptoms of acute pneumonitis are apparent. In fact, I regard it as the most important of our remedial agents, using it at the same time I do opiates to relieve pain, and stimulants to support the failing powers. It does seem to be rational treatment of a case of acute pneumonitis where there is pain, fever, labored respiration, and full quick pulse; where the heart is beating from one hundred to one hundred and twenty beats per minutes, pumping blood from twenty to forty per cent. faster into an inflamed tissue than ordinarily, that if we can lessen that increased action of the heart without producing prostration of the physical powers we do good. And this we can do with *veratrum*, reduc-

ing the pulse from its abnormal condition to one nearer the healthy standard. The treatment of acute pneumonitis may be summed up under these general terms: Anodynes to relieve pain, sedatives to lower the temperature and the increased action of the heart, and stimulants to support the flagging powers, with nourishment to sustain the system until the storm is over. Nearly every physician has some preference, for certain remedies, and all have some favorite prescription from his catalogue of remedial agents to draw from.

There is an old-time remedy that has nearly become obsolete, but which I think in certain cases is still a potent one for good—the lancet. When we see a case of acute pneumonitis in a strong, vigorous subject, where the attack is sudden and violent, attended with severe pain, high febrile action with a quick bounding pulse, laborious and hurried respiration, eyes red and suffused, with face almost livid or purplish, then I think venesection comes to hand as a remedy of much importance in the effort to save the life of our patient.

The objects of treatment, then, in the first stage of acute pneumonitis are to diminish the intensity of the inflammation, to relieve distressing symptoms, and to place the system in a condition to tolerate the disease, and to progress to a return to health. And in such a case as just described, I believe that in the old-fashioned, but now almost discarded, lancet we have an agent of great importance when properly used. Then let me make a plea for its use again in the following parody:

Tell me not in mournful numbers,  
Men who bleed are in a dream;  
He who never bleeds, now slumbers,  
For things are not what they seem.

Life is real, life is earnest,  
And if some are never bled  
Dust thou art, to dust returnest,  
Will be written o'er the dead.

Not enjoyment and not sorrow  
Is the doctor's lot and way,  
He *must bleed*, lest the morrow  
Finds his patient only clay.

Art is long, and time is fleeting,  
If you would be wise and brave  
Give some patient one good bleeding,  
And thus snatch him from the grave.

For in our own hard field of battle,  
In our bivouac of life,  
We'd be like dumb, driven cattle,  
If we never used the knife.

Then though bleeding be unpleasant,  
Still, a doctor with a head  
Must bleed in the living present  
Or the sick may soon be dead.

Lives of great men all remind us,  
We may make our lives sublime,  
In curing our friends around us,  
By bleeding each one just in time.

Great facts that perhaps another  
Passing o'er life's solemn main,  
May see you bleed and save a brother,  
And, seeing, take heart again.

Let us then be up and doing,  
Let us bleed, e'er 'tis too late,  
Still achieving, still pursuing,  
Learn to *venesect* and wait.

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## ADDRESS IN DISEASES OF CHILDREN.

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BY

W. D. HAGGARD, M.D., OF NASHVILLE.

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*Delivered at the Thirty-Seventh Annual Meeting of the American Medical Association, in St. Louis, May 7, 1886.*

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*Mr. President and Gentlemen* :—In obedience to a time-honored custom, and in accordance with a by-law of this Association, I appear before you as Chairman of the Section on Diseases of Children, to note the advances and discoveries of the past year, which, like those in all other branches of scientific investigation,

move slowly but steadily forward; each investigator adding his mite to what was known before. We are here to-day, in this growing and prosperous city, from the North, East, South, and West, as guardians of the health and lives of the people. We are assembled together for the purpose of uniting in honest, earnest endeavor to utilize the knowledge which the advances of the recent past have shed upon the problem of life. We live in an age of progress, characterized by the most effective effort that has ever been put forth to place a proper estimate upon the value of life, to increase its duration, and to elevate humanity to the highest standard of physical, mental, and moral grandeur.

The Section on Diseases of Children embraces the largest and most important field connected with the workings of the Association, and should enlist the most earnest attention of every member of the profession. I trust, therefore, that it will not be in vain that I bespeak your indulgence while I enter a plea for the fuller recognition of this branch of our work, and beg your coöperation in the endeavor to secure a safer passage across the tempestuous sea from infancy to childhood, and from childhood to adolescence.

The last year has not been fruitful in advances sufficiently tangible to admit of specification, and yet perhaps no single year from the foundation of medicine to the present has been so rich in fruitage; so far-reaching in its influence upon both the profession and the laity. No year's work has so indelibly impressed the mind of the profession on the importance of results accomplished—not in this nor that particular branch of medical science, but upon the better and more definite understanding of the great principles underlying the whole superstructure of scientific medicine.

I shall endeavor to bring prominently before the mind of the profession the vast importance of this department, not only to that portion of the human family to be directly benefited by future advances and discoveries, but likewise to point out and emphasize the fact that in the great mortality of children, society, the State, the Nation, yea, the world, are all much more largely interested in lessening this fearful mortality than those who



perish in infancy, for they are perhaps the gainers. I need not stop to discuss the fact that the diseases of children have been most sadly, if, indeed, not most culpably, neglected, from the earliest records of medicine to the present time, for this is patent to every open-eyed physician. There is not a single branch of medicine, nor, indeed, of any of the collateral sciences, which has not, from time to time, been made the subject of more special thought, scientific research, observation and experiment than have the diseases of children.

It is true that every advance or discovery in scientific medicine has reflected progress on pediatrics, which has been indirectly benefited by the outcome of these improvements. The pages of history are full of instruction in the matter before us. Take, for example, the operation of ovariectomy, which has added in the aggregate so vastly to the span of human existence. Take the last twenty years of its history, so full of incident and interest, and link it with the lives of those most prominently identified with it, and it seems as if destiny herself, in her onward sweep, has borne them through evolutions of thought, of science, of human effort and achievement, with a restless and unpausing zeal that has constantly led them forward, from one brilliant success to another, until the advance of abdominal surgery, like the sun at noonday, casts its effulgence from pole to pole and from centre to circumference. The outcome of this important operation has so captivated the minds of the more enterprising and ambitious aspirants for fame and fortune that pediatrics has, for the time being, been thrown completely in the background.

Our profession, crowned with the marvelous achievements of the past, now looks, with a wistful eye, for investigators worthy of the past and prophetic of the future, as laborers in the field of pediatrics—men who possess the largest combination of successful elements, who are ordained by nature to lead into unexplored regions and dominate new fields of thought which will enable them to solve the problem now pressing for solution, viz.: to lessen this fearful mortality of infantile life. The cradle and the couch can learn nothing of themselves; therefore we, who

have copiously gathered from the experience of the past, must contribute to the advance of the future. When we consider that from one-fourth to one-third of the human family die under five years of age, the victims of disease, it seems truly that their lives are but as the sands upon the shore; their voices are but the evening zephyr, that dallies with the leaf for a moment, and passes away forever.

"'Tis the wink of an eye, the draught of a breath,  
From the blossom of health to the paleness of death."

It may be that it was the original purpose of the divine Creator to remove from earth to heaven this large proportion of the human family before they reach the age of responsibility. It may be there is a divine graciousness, an appropriateness, a grandeur, in the circumstance of death of so many of our race during childhood. However this may be, we who have chosen for our lifework the amelioration of human suffering cannot accept this dogma, for it neither satisfies the longings of nature nor the demands of the world. We must dive deeper into the mysteries of scientific medicine, and prepare to grapple with that dread destroyer that claims so many of earth's little ones. Children typify the kingdom of heaven. They are the embodiment of all that is Godlike in man and beautiful in creation—the mystic link of holiness which unites man with angels. What language can depict the anguish of a mother, as she lingers over the couch of a stricken child, and earnestly entreats the doctor to rescue her treasure from the ravages of death? Bright hopes and fond anticipations surround the cradle at early morn, the shadows of death gather over it at noon, and in the evening its occupant is a withered flower; the rosy cheek has changed to marble whiteness, "the silver cord is loosed, the golden bowl is broken, and the spirit returns to the God who gave it."

Every meeting of this Association brings us nearer the ark of safety found in preventive medicine, which is now extending its influence over every part of the civilized world, and is based upon the theory which was enunciated by Leeuwenhœck in 1662. He discovered that the active principle in the process of ferment-

tation depended upon a living organism; from which he concluded that the *contagium vivum* of all zymotic diseases must also reside in a vegetable parasite. Like discoveries in every other department of scientific investigation (notwithstanding every medical publicist since his time has had some opinion to express upon it), this theory was slow to secure that recognition to which its merits entitled it, being repeatedly forgotten and again revived until it was finally established that there are three distinct forms of parasitic life, viz.: vegetable, animal, and those that lie between the two. The vegetable form are of the nature of algæ or fungi, and are found in air, water, food, and soil of all countries and climes. They are found on the highest mountains and in the lowest dells, riding upon the dust, the motes and the insects that float in the sunbeams.

From the day of Leeuwenhœck to the present, the great effort of scientists has been to establish the causative relation of these organisms to the diseases in which they are found. This achievement was reserved for the present generation. The labors of Pasteur, Koch, Klein, and other famous scientists, by the revelations of the microscope, have established the causative relation of micro-organisms to the infectious diseases of insects, plants, and animals, man included. Pasteur, pushing his investigations still further, has established beyond dispute the fact that the microbes found in the various tissues of the body, in certain infectious disease of animals, can be carried through a series of culture, until they are completely dissociated from the individual tissues in which they were originally found, and the primary disease be reproduced by inoculation. The microbes which have been produced by this system of cultivation have been proven, under the microscope, to be identical with those found in the tissues of the body both before and after culture; thus proving, beyond question, the causative relation of these organisms to the diseases in which they occur.

These experiments have been made over and over again, with uniform results, in chicken-cholera, murrain, splenic fever, etc. The rapidly accumulating evidence in favor of the theory rests upon the experimental researches above referred to, and the great

avidity with which the medical mind has seized upon these disclosures is, to me, one of the most hopeful signs of advancement. If the germ theory be correct, each of the specific diseases has for its origin a specific parasite, capable of producing the disease in individuals not already protected by a previous attack, vaccination, inoculation, or idiosyncrasy. Whenever the conditions requisite to the development of the specific germ of any of the zymotic diseases are fulfilled, whether these conditions depend upon telluric, atmospheric, or some other influence, they must exist. Once in force, the action of the specific poison takes effect on those individuals whose resisting power, either from enfeebled development or disease, is least. In severe epidemics, these influences grow powerful from day to day, until those whose resisting power is least, succumb to the disease. The crowning glory of medicine in the nineteenth century is the effort to perfect the system of sanitary science and to improve the physical and intellectual powers of man. To this end the public health associations, the innumerable county, city, and State Boards of Health, as well as the best scientific ability both in and out of the profession, in all parts of the world, are lending their most earnest and zealous efforts.

As a result of these efforts, we find the annual report recently issued by Dr. William Ogle, of the Statistical Department of England, shows a decided diminution, in the last ten years, in the mortality due to the various zymotic diseases. The report shows conclusively that the decline is due to the diminished mortality among children of tender age. It appears from the following extracts that the annual deaths from scarlet fever have fallen from 972 to 716 per million; those from diphtheria from 185 to 121; those from bowel affections from 1,076 to 935. This is really a very satisfactory showing, when we consider how slow the vast majority of mankind (professional and unprofessional) are to accept any new dogma. The report contains much valuable information, but as our paper is only to show that the diseases of children which are attended with the greatest fatality are being brought under such sanitary conditions as tend to lessen the mortality, we will follow it no further.

If we accept the estimate of statisticians of the actual cash value of each male and female who live to attain adolescence at one thousand dollars, then add to this financial value the intellectual worth of hundreds of thousands of children who perish annually from infectious diseases—that are in the main preventable—we have but a faint conception of the vast loss the world sustains by this fearful mortality.

In view of all this, humanity is ready to bow at the footstool of science, and beg that the ratio between those who live and those who die at the tender age be diminished, and that they have thrown around them the protecting care of hygienic medicine. The progress of science in none of its departments has ever reached the highest degree of perfection by steady, monotonous and gradual advancement. For long it has appeared to be so, until some fortunate individual, endowed with rare genius, utilizing the knowledge gained from all sources, has evolved from the womb of time some hidden truth which in a brief period has effected more than years of patient toil, and marked his epoch as an era, sending his name across the empyrean of thought like a meteor flashing across the heavens, winning for science incalculable benefits, and for himself glory and renown.

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## *Selections.*

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**INFANCY IN THE CITY.**—According to Quetelet, “there die during the first month after birth four times as many children as during the second month, and almost as many as during the two years that follow the first year, although even then the mortality is high. The tables of mortality prove, in fact, that one-tenth of children born die before the first month has been completed.”

The census has shown that the mortality of infants in cities is twice as great as that in the rural districts. In New York, in 1883, 28,972 children were born, and 8,668 died in their first year, thirty-three and one-fourth per cent.; 2,660 children died

in their second year, 1,221 in their third year, 787 in their fourth year, and 525 in their fifth year, a total of 13,861 deaths of infants, almost half of the total number of deaths occurring during the that year, which was 31,011.

The question arises, "What is in cities that is so hostile to infant life?"

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Many city infants perish from bad feeding. More especially is this true of the tenement-children. The youngest member of the family is placed at the common table at an incredibly tender age. Often in the dispensary in response to the question, "With what are you feeding your baby?" comes the reply, "It eats what we all do." With these people, even if they are not extremely poor, milk or any thing else purchased especially for the baby, is an item of extra expense, and therefore it is considered easier and cheaper to feed it with the rest of the family. The sins of feeding among the poor people are monstrous. Coffee, tea, brandy-and-water, as well as beer, had been fed to babies from their nursing bottle! With such a *régime* of feeding for the poor and middle classes, it is no wonder that two and a half times as many infants perish of diarrhoeal disorders as of any other disease.

City infants of all classes are at a disadvantage in regard to their food. Unfortunately, city mothers who nurse their own children are fewer than those in the country. The search for a wet-nurse is one of the most disheartening. The supply is in no way proportioned to the demand.

Many an infant suffers from irregularity of feeding and over-feeding. There is in the popular mind but one interpretation of a baby's crying, "It is hungry," and immediately it is given more food to eat, when already its tiny stomach is distended and irritated. Infants' meals should be regulated by the clock. This prescription, unaided by any thing else, has often restored a nursing baby to equanimity and to health.

An infant under three weeks should be fed every two hours, or twelve times in the twenty-four, receiving one to one and a half-ounces of cow's milk each time, if artificially fed. At three months the child should be fed every three hours, or eight times

in the twenty-four, receiving three ounces of milk at each feeding, which at six months is increased to four. The times of feeding should be fixed, but of course the amount taken will vary more or less with the individual.—*Dr. Grace Peckham, in Popular Science Monthly.*

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CONTAGION OR INFECTION.—The imperfection of language is responsible for no slight amount of confusion and indefiniteness in the nomenclature of morbid processes. Perhaps the most striking instance of such difficulties is to be found in the use of the terms "infection," "infective," "contagion," and "contagious." According to the idea most prominent in the mind of a person who employs one or the other of these phases is the significance which he attaches to it. Thus we often hear of such a malady being contagious, but not infectious; of a morbid process being infective quite apart from any notion of contagiousness. Perhaps the most common kind of distinction is that which would limit the term "contagion" to such disorders as are only communicable by direct contact, and would employ "infectious" to denote those which are communicable through such media as the air, water, or soil. The distinctions thus created are, however, wholly artificial; for if we separate from the two groups such affections as cholera and typhoid, by following Pettenkofer in placing them apart as miasmatic-contagious disorders, we shall practically find that the limits between mere contagion and infection are reduced to a vanishing point. For practically even the most locally contagious disorders may be communicated indirectly, but of course far less frequently or certainly than the highly infectious diseases are. The word "contagion," then, covers them all, and the question becomes one simply of degree. The term "infective" is, however, receiving a wider significance by being used in another direction—as, for instance, in its application to such diseases as septicæmia and pyæmia to which the word "contagious" is inappropriate. When, however as, recently occurred—the occasion giving rise to some rather cynical remarks in a lay contemporary,—the notion is expressed, or

rather implied, that diphtheria is not an infectious disease, we are brought face to face with the practical inconvenience of the term. Compared with scarlet fever, the virus of diphtheria is no doubt far less easily disseminated, and, in the majority of instances, it is communicable only by direct contact. But all authorities are forced to admit that the diphtheritic poison can be conveyed aerially or by fomites, and that therefore it is an infectious as well as a contagious disease. The College of Physicians has done much to place the nomenclature of diseases upon a scientific basis; it might go further and seek to define the proper use of terms such as those to which we have alluded.—*Lancet* June 19, 1886.

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**THERAPEUTICS OF TRICHINOSIS.**—The value of glycerin in the treatment of trichinosis has been repeatedly alluded to. Fiedler noticed several years ago, in the preparation of microscopic specimens, that trichinæ and their embryos died at once when brought in contact with glycerin (even if diluted with two to three times its quantity of water). This was evidently the result of the hygroscopic power of glycerin, causing the abstraction of water from the parasites. This fact led Fiedler to treat animals, fed purposely with trichinous meat, with glycerin; but he did not obtain any positive results. Later he exhibited glycerin in several cases of trichinosis in man, and was successful. Mercel also published a case of trichinosis cured by glycerin, so that the profession regards this drug justly indicated in this affection.

In the *Deutsches Archiv für Klinische Medizin*, vol. xxxvii. No. 12, Fiedler recommends the hourly administration of a tablespoonful of pure glycerin in trichinosis, though only in graver cases, as large doses of the drug may produce hæmoglobinuria and other toxic symptoms.

In this instance the employment of Unna's keratine pills or keratine capsules, which dissolve only in the small intestines, would appear very appropriate. To complete the abstraction of water from the parasites, Fiedler advises to give large doses of



alcohol and to prescribe a rigid dry diet. Glycerin may also be injected into the rectum. A powerful purge, though, is to precede all these therapeutic measures.—*Therapeutic Gazette*, June 15, 1886.

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CANQUOIN'S PASTE consists of: Chloride of Zinc eight parts; oxide of zinc, one part; flour dried at high heat, seven parts; cold water, one part. Mix the oxide of zinc and flour. Dissolve the chloride of zinc in the water and, having added the oxide of zinc and the flour, rub in a mortar. Many surgeons have used this for the destruction of morbid growths. Occasionally poisoning occurs. Dr. Fifield, in the *New York Medical Journal*, reports a case in which the pupils were dilated, and irregular epileptiform convulsions occurred, and finally death. The zinc paste was employed at 2:00 in the afternoon and by 4:00 the patient had become so stupid that he could not be aroused, death occurring at 8:30 P. M. This case was in the practice of a so-called cancer doctor. For himself the doctor says that such is his personal observation that were he the subject of cancer of the lip he should much prefer this paste to the knife.—*Am. Lancet*.

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THE PNEUMATIC CABINET.—A process, termed pneumatic differentiation, has been introduced as a panacea for all pulmonary affections, and a number of elaborate articles have been published in commendation of it in various medical journals. A company has been formed to manufacture pneumatic cabinets, and the announcement is made that the cabinets will be rented to reputable physicians for the modest sum of \$250 a year. The cabinet is practically an air-tight box, in which the patient sits while a slightly greater quantity of air is forced into his lungs than he usually inspires. Some benefit naturally follows this increased admission of oxygen into the circulation, but greater benefit can be obtained by simply directing the patient to habitually breathe fully, slowly, and deeply while pursuing his ordinary avocation.—*Shoemaker's Address before Med. So. of Pa.*

**KAIRIN AND ANTIPYRIN** have been found to be prompt antipyretics. Unfortunately the reduction of temperature which they produce is of brief duration and is frequently accompanied by the most alarming symptoms of depression. In one case fatal collapse ensued; the judicious practitioner will avoid their use for the present and rely upon aconite, quinine, salicylate of soda, oily inunctions, and cold effusions. The safest and most efficient antipyretic is cold water applied either in the form of cold baths, sponge baths, or the wet-pack. It must be remembered, however, that the fever does not constitute the whole disease, and that antipyretic measures are not indicated when the temperature does not exceed 103° F.—*Address of Jno. V. Shoemaker before the 37th Annual Session of Med. Soc. of Pa.*

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**SANITARY.**—The State of Kentucky appropriates only \$2,500 per annum to the State Board of Health to protect the health and prevent disease among the people of the State, while \$6,000 was voted from her treasury to stamp out a single disease in a single locality and among a single herd of cattle. It appears in Kentucky that live stock is at a far higher premium than human stock. A pure-bred bull will frequently command \$20,000 in Kentucky, whilst the average citizen is scarcely rated higher than a charge of powder. Things need reforming in the Grand Old State.—*Maryland Med. Journal.*

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**THE MICROBE OF DYSENTERY.**—Drs. Condorelli-Mangeri and Aradas, having studied an epidemic of dysentery occurring at Catane, Italy, believe that they have discovered the specific microbe of this disease. The micro-organism is a bacillus, and is found usually in long chains. It was constantly found in the dysenteric stools, and also in the air of the hospital wards occupied by the dysenteric patients. The same bacillus was also dis-

covered in the water of two wells from which the inhabitants of the village had drawn their supply. Experiments on animals also tended to confirm the belief that this microbe was the cause, or accompaniment, of dysentery.—*Cin. Lancet-Clinic.*

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**IODIDE OF SODIUM VERSUS IODIDE OF POTASSIUM.**—A recent leading article in the *British Medical Journal* thus sums up the advantages of iodide of sodium over iodide of potassium: (1) It can be used therapeutically for almost all, certainly the chief, purposes for which potassium iodide is used, and with similar beneficial results. (2) Sodium iodide is more assimilable than the iodide of potassium, both locally to the digestive organs and to the general system. (3) That as a result many of the local and general undesirable effects which are produced by potassium iodide do not follow the use of sodium iodide.

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**THE KENTUCKY STATE MEDICAL SOCIETY** at its 31st Annual Meeting held at Winchester, June 23, 24, 25, 1886, elected the following officers: President, W. H. Wathen, of Louisville; Senior Vice-President, J. M. Harwood, of Shelbyville; Junior Vice-President, J. H. McKinley, of Winchester; Permanent Secretary, J. Steel Baily, of Stanford; Assistant Secretary, T. C. Simpson, of Bardstown; Treasurer, Edward Alcorn, of Hustonville; Chairman Committee of Arrangements, J. G. Brooks, of Paducah. Next place of meeting, Paducah the third Wednesday, in June, 1887.

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**FOREIGN BODIES IN THE EAR.**—Mr. Jonathan Hutchison recommends in the *British Medical Journal* the use of silver wire-loop, instead of either forceps or scoop, in the removal of foreign bodies from the ear. This method he claims is not only devoid of danger, but is both more easy and more efficient than any other plan. The method of procedure is to introduce the wire-loop gently into the ear, and to turn it about until it is believed to have gotten behind the foreign body.—*Maryland Med. Jour.*

To medical men belong medical interests was the gospel of the medical sage of the Massachusetts of the South. In another shape the same truth is re-echoed from the Massachusetts of the North by the President of the State Society. The only exception is in cases where the State has occasion to employ medical men to do its work. In these cases it may determine the terms upon which it will employ them.—*American Lancet*.

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SURGEON-GENERAL ROBERT MURRAY, of the U. S. Army, will be 62 years of age in August of the present year, when he will be placed on the retired list. Dr. Murray will soon have completed a long, efficient, and most honorable term of service for his country. It is thought that Surgeon J. H. Baxter, who stands next on roll, will be the worthy successor.

*So mote it be!*

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VALERIAN IN DIABETES INSIPIDUS.—Demange says in *L'Union Medicale* that diabetes insipidus is best treated by valerian in doses of two to four drachms of the powder per diem. This drug was highly praised by Trousseau, and has been revived since by Bouchard.

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MATRESS IN SEASON.—She was a sweet girl graduate of a female seminary. She had just been married and was preparing to keep house. Some one recommended her to buy some spring mattresses. "Yes," said she, sweetly, "if they are in season, we'd better have some." *In the spring, tra-la.*

**ROUGH ON THE CHILD.**—Says one of the sanitary journals: "If a child does not thrive on fresh milk, boil it." We are opposed to boiling children, whether they thrive on fresh milk or not. And yet they belong to the genus *carnivora*.

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**INTERNATIONAL MEDICAL CONGRESS INTERESTS ABROAD.**—In Vienna, Austria, a local committee of twenty-five members has been formed for facilitating arrangements for attending the Ninth International Medical Congress in Washington, 1887.

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**BOSTONIAN.**—"If you can't feel any more interest than this, Caroline, perhaps we had better break off our engagement."

"Don't say 'break,' Charles—it's horribly violent. But we might let it disintegrate peacefully, don't you think?"

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**READY FOR THE SUMMER TOUR.**—"Oh, my dear," said one charming girl to another: "I have such good news to give you. Papa has been bitten by a mad dog, and we are all going to Paris at once."

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**THE SHARPENED BLIND MAN.**—Professor (at Columbia): We cannot taste in the dark. Nature intends us to see our food. Student: How about a blind man's dinner?

Professor: Nature has provided him with eye-teeth, sir.

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**DR. A. M. POLLOCK**, of Pittsburgh, Pa., has been appointed Secretary of the Section of Surgery and anatomy of the American Medical Association for the present year.

## *Reviews and Book Notices.*

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A SYSTEM OF PRACTICAL MEDICINE. By American Authors, edited by WILLIAM PEPPER, M.D., LL.D., Provost and Professor of Theory and Practice of Medicine, and Clinical Medicine in the University of Pennsylvania; assisted by Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Vol. V.—Diseases of the Nervous System. 8vo, leather, pp. 1,326. Lea Brothers & Co., Publishers, Philadelphia. 1886.

The fifth and concluding volume of this magnificent and truly national work is a most fitting capstone of a grand undertaking so faithfully carried out by Professor Pepper. It is devoted exclusively to diseases of the Nervous System, the various articles being contributed by Drs. John Ashurst, Jr., P. S. Conner, Edward P. Davis, Robt. Edes, Chas. F. Folsom, A. McL. Hamilton, Wm. Hunt, Mary P. Jacobi, Morris J. Lewis, Jno. H. Lloyd, Henry M. Lyman, Francis T. Miles, Chas. K. Mills, Francis Minot, S. Weir Mitchell, Jas. J. Putnam, H. Schmidt, E. C. Seguin, Wharton Sinkler, E. C. Spitzka, M. Allen Starr, Jas. C. Wilson, and Horatio C. Wood. All being gentlemen, who are recognized as American authorities on the special class of diseases to which the volume is devoted.

We take pleasure in laying before our readers in full, the Author's *Valedictory* in this the fifth and last volume of the series.

"In presenting to the profession the fifth and concluding volume of the 'System of Practical Medicine by American  
3 S. P.

Authors,' the Editor may be permitted to refer briefly to labors which for years have called forth his strenuous endeavors. The original prospectus of the work was issued in 1881. The first volume was published in January, 1885; the second in May, 1885; the third in September, 1885; and the fourth in February, 1886. In view of the delays inevitable in large and complicated literary enterprises, such unusual punctuality reflects credit alike on the zeal of the contributors and the energy and resources of the publishers. The duties of the editor have been lightened and rendered agreeable by the unvarying courtesy and cordial coöperation of all connected with him in the undertaking; and he has been amply rewarded by the realization of his hopes in the favorable reception accorded to the successive volumes by the profession on both sides of the Atlantic. The plan of the work has been strictly adhered to, and the articles promised have been furnished without exception, although in a very few cases circumstances required a change in the authorship. Special mention is due to Dr. Louis Starr, and to Dr. Judson Deland for the very valuable assistance they have rendered.

"The only alloy to the pleasure which the editor has had in the progress of the work has been the removal by death of so many of his distinguished collaborators: such men as Flint, Van Buren, Armor, Bemiss, and Elsberg will long be mourned by the profession.

"The number of articles is 185, written by ninety-nine authors, covering, with indexes, about 5,600 pages, and throughout its whole extent the original purpose has been kept constantly in view, that the practical character of the work should adapt it specially to the needs of the general practitioner. In conclusion, the editor feels it is a subject of congratulation that through the combination of so many leading members of the profession it has been rendered possible to present in this work, for the first time, the entire subject of practical medicine treated in a manner truly representative of the American School."

He is, indeed, to be congratulated in presenting to the medical world such a grand and durable monument of American Medicine.

A MANUAL OF DIETETICS. By J. MILNER FOTHERGILL, M.D., EDIN., Physician to the City of London Hospital for Diseases of the Chest (Victoria Park). Hon. M. D. Rush Medical College, Chicago, Ill., Foreign Associate Fellow of the College of Physicians, Philadelphia. 8vo, extra muslin. 255 pages. Price, \$2.50. New York: William & Wood Co.

The merit of this work, designed for the use of lectures upon the subject of which it treats, deserves more than the usual terms of approval.

We find it impossible to give any generalization of its contents at all satisfactory to ourselves. It is enough to say that it is the author's purpose to so direct attention to the science of nutrition that none may starve within the reach of food, and that the patient, instead of the disease, may be fed.

With good claims previously to this corner of the field of science, as Brillat-Savarin would say, he now seems firmly established there; and the confidence with which he awaits the coming of the Newton of physiology, is sometimes modestly, always forcibly evinced.

The divorcement from the now popular idol—beef-tea—is not the least feature of interest of the book; but the author compensates for the pain of separation by the skillful presentation of a most desirable kind of information.

Nearly every physician knows his power of illustrating. Nothing can be flat in his vivacious language. We should compare him to his fellow-countryman, Macaulay, whose accuracy on a question of dietetics he impugns by hearsay evidence, did not our reverence for this very attribute of that distinguished *littérateur* forbid.

We shall venture to apply *Ne sutor ultra crepidam* to this scientist, who calls Cain a keeper of sheep, and abuses him for the exercise of the qualities of a carnivorous brute, and then gravely speaks of Isaac as having "marked an important family ceremony by first partaking of savory meat"!

It is both a privilege and a duty to all active practitioners of medicine to study this book. What it contains is nowhere else readily available.



It is a matter of some concern to us that the work is marred by the inaccurate proportions of half of its chemical formulæ, and several other minor typographical errors.

DISEASES OF THE DIGESTIVE ORGANS IN INFANCY AND CHILDHOOD, WITH CHAPTERS ON THE INVESTIGATION OF DISEASE, AND ON THE GENERAL MANAGEMENT OF CHILDREN. By LOUIS STARR, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Childrens' Hospital, Philadelphia, etc. With colored plate and other illustrations. 8 vo., cloth, pp. 385. P. Blakiston, Son & Co., Publishers, 1012 Walnut Street, Philadelphia. 1886.

Dr. Starr has already attained prominence in American medicine by reason of his association with Prof. Pepper in bringing out the valuable System of Medicine, which will do so much toward affording a proper and just appreciation of medical attainments on this side of the Atlantic.

In the monograph before us he devotes the energies of his mind and his valuable clinical experience to a consideration of a special class of disorders, too casually considered in works on pediatrics, but which, from their frequent recurrence and and unfortunate fatal tendency, demand a most careful study and thorough investigation. He fully recognizes that attention to the general regimen is quite as important as the administration of drugs for the successful treatment of the diseases of the digestive tract in infancy and childhood, and for this reason alone his work will prove peculiarly valuable to the student and young practitioner.

"The chapter on the Investigation of Disease," says the author in his preface, "does not necessarily belong to a work on disorders of the digestive organs, but as so much difficulty is experienced by students in the study of disease in children, it has been incorporated as an aid to such." In this we can fully agree with him, as well as most heartily commend the excellent article on the general management of children, in which the author has placed before us results that could only be obtained by much study and and careful practical work.

DISEASES OF THE STOMACH AND INTESTINES: A MANUAL OF CLINICAL THERAPEUTICS FOR THE STUDENT AND PRACTITIONER. By PROF. DUJARDIN-BEAUMETZ, Physician to the Cochin Hospital; member of the Academy of Medicine and of the Council of Hygiene and Salubrity of the Seine; Editor-in-Chief of the *Bulletin Generale de Therapeutique*, etc. Translated from the fourth French edition by E. P. Hurd, M.D., President of the Essex North District Medical Society; member of the Massachusetts Medical Society, and the Climatological Society, etc. With illustrations and chromolithograph. 8 vo., cloth, pp. 389. New York: Wm. Wood & Co., publishers. 1886.

We quote the following from the author's preface:

"Although this work is entitled Diseases of the Stomach and Intestines, it is less a treatise on the pathology of those affections than on the treatment, to which, in fact, all other considerations are made subordinate. I have given especial attention to foods and to alimentation. In these diseases hygienic therapeutics occupy the first place. The patient will be much more likely to find the means of his cure in the observance of a strict and well-regulated diet than in the administration of pharmaceutical drugs.

"In order to give more system to my exposition of the different therapeutical means which the physician may employ in the treatment of stomach affections, I have adopted a division of dyspepsias which is established on a physiological basis. I recognize, however, that this division is, from a clinical point of view, altogether arbitrary. I am, in fact, of opinion that the word dyspepsia is destined to disappear from the nosological category of diseases of the stomach, and that we ought to substitute for it the name of the particular gastric, intestinal, or other lesion of which the dyspepsia is the symptom. However, the term and the classification have a certain ability from a therapeutic point of view, and I trust that the reproduction in the United States of a work which has a considerable success in France may not be without profit to American physicians."

The chapters on Dyspeptic and Neurosal Conditions of the Stomach, on Ulcer and Cancer of the Stomach, and on the various intestinal diseases, will be found especially attractive and

valuable; in fact, the diseases here discussed are those which the ordinary practitioner is oftenest called on to treat.

The translator has performed his work most admirably, and the publishers have placed the profession under additional obligations by this their May number of their Standard Library for 1886.

MEDICAL AND SURGICAL DIRECTORY OF THE UNITED STATES. 8 vo. Cloth, pp. 1,452. Complete in one volume. Price, \$7. Detroit: R. L. Polk & Co., Publishers.

The character and scope of this work are well indicated by its title.

Its 1,452 pages contain the names of nearly 80,000 persons practicing medicine within the United States and Territories. These are arranged alphabetically by State, city, and post-office, and in large cities the street and number are given. Each name is accompanied by information regarding place and time of graduation.

A descriptive article precedes the list of each State and Territory, embodying such matters as location, boundaries, extent in miles and acres, latitude and longitude, statistics regarding climate, temperature, population, rate of mortality, names and locations of the best known mineral springs, all medical and charitable institutions, medical societies, and the full text of all State laws relating to the profession. In addition to this complete directory, the 80,000 names are repeated without addresses, arranged alphabetically, accompanied only by figures, whereby the reader can readily find each name in its appropriate place in the directory proper.

This list, the publishers suggest in their introduction to the work, will enable any one to find the present location and address of any physician in the United States whose name he knows. It will doubtless, bring to mind many old friends who have lost trace of one another since graduation, and possibly in some cases discover the whereabouts of others who would prefer to remain concealed.

Preceding the directory of names are departments, giving full lists of all medical colleges, either existing or extinct, in the

United States and Canada, of officers of the medical departments of the United States, army, navy, marine hospital service, and pension department, and a complete directory of the medical journals of the United States.

The comprehensiveness and convenience of this work may be gleaned from the above description. The publishers have taken the greatest care to secure accuracy, and seem to have exhausted all possible sources of information in compiling the mass of facts presented, and to have arranged them in the most condensed and convenient form for reference.

To physicians and pharmacists, medical colleges, boards of health, medical students, and to all interested in having the latest and most reliable information about the medical profession of the United States, this work will be indispensable.

We notice that most of the prominent drug houses of the country are represented in the advertising pages of the work, a feature not without interest to the intending medical purchaser.

Considering the extent and character of this volume, and the general excellence and good taste of the typographical work and the binding, the price asked for it is very reasonable, and we believe it will command a wide sale.

**SURGICAL DISEASES OF THE KIDNEY.** By HENRY MORRIS, M.A., M.B., F.R.C.S., Surgeon to and Lecturer on Surgery at the Middlesex Hospital, London. 12 mo., 550 pages, with six chromolithographic plates and forty engravings. Cloth, \$2.25. Philadelphia: Lea Brothers & Co. 1886.

A book of interest was to have been anticipated from the originator of the operation of *nephro-lithotomy*, but he would be hard to please who could pass judgment upon it without a grateful impulse toward its author. A reference book from the nature of its subject, it is much occupied with the momentous and nearly omnipresent question of diagnosis of abdominal tumors. The thirty-three chapters devoted to the regional anatomy, displacements, malformations, injuries, and diseases of a surgical nature of this gland are most systematic, entertaining, and instructive. The modest one devoted to the methods of performing operations

upon it is a wonderfully clear composition. The effective use to which he puts the *post-mortem* records of four of London's great hospitals, points unequivocally to the approach of a day when any statement can *not* be proved by statistics. The amount of research of the literature of the subject is a prominent feature of the work, and one that measures the debt of its author to his profession. This we consider him to have repaid with unusual liberality.

At least one phrase of his deserves extended popular acquaintance. Words could poorly express the gratitude of a physician to a friend who would substitute "handing over to the somber solicitude of the undertaker" for the direct charge of murder that is now the height of elegant commonplace toward us.

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## Editorial.

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### MONTEAGLE—A TRUE HEALTH RESORT.

In the October, 1884, number of this journal we had occasion to say as follows in regard to summer resorts :

"Four places usually command attention—the farm-house, the sea-shore, the mountains, and the watering-place. The first insures quiet with ordinary home comforts, but the farm is better adapted to the farmer than to town-folk, and is generally too well filled to receive additional visitors. The sea-shore draws immense crowds, but to the vast majority its advantages are overbalanced by its discomforts and defects. Sea air and mosquitoes are not to be divorced from each other by mortal power. No power of avoiding damp beds, or procuring dry cigars by smokers, has been successfully developed as yet. Drainage is notoriously defective at any sea-side resort, and in pulmonary complaints the sea air is not adapted to the necessities of such cases, although hotel-keepers, and those pecuniarily interested, are disposed to argue to the contrary. The watering-place has its advantages and its disadvantages. A deficient cuisine, too large a crowd for comfort, and too much dissipation in the way of continued gaiety and amusement. The mountains offer, on the whole, adjuncts not obtain-

able elsewhere. In selecting a mountain resort it is essential that the merits of its air, water and hygiene be carefully inspected. A defect in any one of them is condemnatory of its claims, no matter how creditable its remaining features may be.

"Now, the Cumberland Mountain Plateau peculiarly abounds in resorts which possess to the full every essential that nature is asked to supply. A vast elevated table-land, gently undulating, abundantly supplied with pure and wholesome water, with a soil dry and naturally well drained, yet somewhat thin and not very productive, but capable, with the aid of artificial fertilizers, of producing almost every vegetable growth whatever to please the three senses of sight, smell, and taste, and all this at an altitude of more than 2,300 feet above the sea-level, overlooking a series of entrancing valleys and distant peaks of towering ranges, it possesses an atmosphere which, for purity, cannot be excelled; a most happy medium of neither too dry nor too moist, and not too hot nor too cold, stimulating from the ozone it characteristically possesses, yet free from exciting qualities, it is typically fitted for the invalid of the most varied type."

The late Dr. E. M. Wight, of the State Board of Health, in a very excellent paper read before the State Medical Society, which we reprinted in this journal in the early part of 1884, described this wonderful plateau as "a land and a people without consumption."

We had occasion during the past month to attend the annual meeting of the Tennessee Press Association, which was held at Monteagle. A very pleasant ride in the comfortable palatial coaches, and over the smooth track of the N., C. and St. L. Railroad, of about three hours, through a beatifully diversified and highly interesting country, brought us to Cowan, at the foot of the mountain, and where the main track tunnels under the mountain on its way to Chattanooga and the East. Here our coach was attached to a mountain train of the Tennessee Coal and Iron Co., and after a winding course of about fifteen miles—which occupied nearly an hour, although from the beautiful and interesting scenery it seemed but a few moments—we were disembarked at the Monteagle Hotel, on the top of the mountain.

The Monteagle Hotel is a new, commodious, and well-ventilated two-story building, with large, airy halls traversing the interior, and wide, spacious verandas on the outside, and capable of comfortably accommodating about four hundred guests. It is under the management of the Monteagle Assembly Association.

The Assembly is a chartered institution, under the control of a Board of Trustees chosen by the members from the different denominations represented in the membership. The by-laws provide for four trustees from each denomination represented. From this number are chosen annually a President, Secretary, Treasurer, and an Executive Committee. The services of these officers are gratuitous. The constitution provides that all money received by the Assembly shall be expended for the benefit of the Assembly. It is an organization the object of which is to furnish a summer resort free from frivolity and dissipation, and at the same time furnish entertainment, instruction, and recreation, of the most refining and elevating character.

There are in our land thousands of families who want a place where they will find entertainment that will both benefit and edify. This deep and long-felt want is met and the demand supplied by the Monteagle Assembly. Here in a pure, life-giving atmosphere and delightful climate they can spend their summers, and find instructive entertainment and amusement of every kind. The programme offers lectures, concerts, social gatherings, religious instruction, and a summer school under the control of the foremost teachers of the country. The need of such schools and normal training is admitted by all, and this summer school offers to the teachers of the South a course of instruction equal to any in the United States.

Persons coming to Monteagle can either stop at the hotel, find pleasant boarding-houses in the village, or stay on the grounds. There they will find ample accommodations in either of the Teachers' Homes, the cottages, or tents.

The late Prof. W. K. Bowling, M.D., L.L.D., said of Monteagle:

"After spending a part of two summers on the Cumberland Plateau, in the endeavor to ascertain the most suitable spot for a permanent summer home, I, in 1876, selected that whereon I have summered ever since. It stands just eight hundred yards from the present Monteagle Hotel and Assembly grounds. It is on the highest point of the plateau and enjoys the best possible natural drainage. Pure freestone water from the emboweled white sand exists in wasteful abundance, and iron-water, cold and strong, is everywhere its neighbor. The scenery of the 'jump-offs' at each side of the plateau, here five miles wide, is grand and magnificent, while the surface, presenting a series of open parks, with luxuriant grass and a bewildering profusion of wild flowers, with roads where mud is unknown, irresistibly invites

wheels and horse power. Nature, by every sign intelligence can interpret, has marked the place for a great sanitarium; it is for the wisdom of man to recognize and enjoy her beneficence."

T. A. Atchison, M.D., Professor of Materia Medica and Therapeutics in the Medical Department of Vanderbilt University, and ex-President of the Tennessee State Board of Health, has equally satisfactory views in regard to it. He says:

"This place combines all the conditions of a sanitarium for the restoration from all diseases of malnutrition, nervous debility, insomnia, and consumption. The elevation of 2,200 feet above the sea-level places it above malaria and the dust and smoke of busy marts. The temperature is cool and bracing, the atmosphere pure, exhilarating, and tonic, the soil sandy and dry, the scenery picturesque and grand, society refined and cultured, hotel accommodations of the best. Careful investigation reveals the astonishing fact that consumption is unknown among the natives of the Cumberland Plateau. (See Report of Prof. J. M. Safford, 2d Vol. State Board of Health of Tennessee.) This fact may well challenge the attention of those who have reason to fear that dread disease. The founders of the great University of the South worked wiser than they knew when they located that institution on the mountains. Perhaps no school on the continent will show so small a per cent. of absenteeism from sickness as this. Delicate youths rapidly develop into sturdy manhood. From all the facts in my possession, fortified by my own observation, I feel justified in saying that the dwellers in the North, alike with the dwellers in the South, will find at Monteagle the climate and meteorological conditions most favorable for health."

We regret that the scope of our journal does not permit us to give a more extended description of this true Arcadian Hygeia. Its temperature, its purity of atmosphere and water, the dryness of its soil, its thorough drainage, the land sloping off gradually on either side until we find the precipitous descent at Table Rock or Forest Point on the one side, looking down into Pelham Valley, with Cowan, Manchester, McMinnville, and other Middle Tennessee towns and villages visible to the naked eye; and at Alpine View, but little farther on the other side, the vision takes in the beautiful sweep of Sequatchie Valley, with the many distant mountain chains and peaks beyond. Its natural attractions are most numerous and varied, and we can most earnestly and heartily commend it as possessing more of the requisite



and necessary attractions, and fewer of the unavoidable detractions, than the locality of any summer resort on this continent.

In conclusion, we say *Hurrah for Monteagle!* and advise our readers to write to Mr. John D. Anderson, Secretary, at Monteagle, Tenn., or R. R. Reppard, President of the Association, for a copy of the *Monteagle Annual*, which will give full and detailed information in regard to its many advantages.

OH! MY! MY!! MY!!! HOW DISINTERESTED; HOW WINNING!

POPLAR SPRING, TENN., July 9, 1886.

*Dr. Duncan Eve, Nashville, Tenn.:*

MY DEAR DOCTOR—Enclosed find a letter that I received to-day. Should the writer be of note, please answer for me in any way you please. If you think best, answer through the SOUTHERN PRACTITIONER. You are at liberty to use my name any way you please. Charlie will be in College early in October. Let me hear from you soon. Yours very truly,

E. D. BOSTICK, M.D.

NO. 22 N. SUMMER STREET,  
NASHVILLE, TENN., July 1, 1886. }

*Dr. E. D. Bostick:*

DEAR SIR—You may be surprised to receive a letter from a stranger, but I am constrained to write from the following reason, *i. e.*, I had known your son Charles while at school in Maury County, and when I met him here at Medical College, naturally took an interest in him. Finding he had connected himself with the "Nashville Medical College, Medical Department of the University of Tennessee," I asked why he did so, as the old school, or "Nashville University," or "Medical Department of Nashville University," had a much abler corps of professors, and was a much more reputable school." He replied that you had graduated at that school a good many years ago, and you desired him to have a diploma from your "Alma Mater." I saw at once that he had been deceived, as many others are, by the sharpers of the new school. The "Nashville Medical College" had its birth just nine years ago, and a puny offspring it was, and its nine years of growth has not added much to its strength. Dr. Paul F. Eve became offended with the faculty of the old school, and resolved to start a school of his own. He took out the charter about nine years ago; but during the first session the old man died. His son Duncan,

who had really been the head and shoulders of the institution, has continued it since under many difficulties. It is unnecessary for me to compare the old and new institutions. I send you catalogue of the old school, and if you know any thing about the professors in it, you can judge for yourself.

I hope you will take this in the spirit in which it is written. I desire simply to correct the false impression purposely made on your son last winter, and if you desire him to be honored with a diploma from your "Alma Mater," he must matriculate with the Medical Department of the University of Nashville.

If I can be of any service to your son, let me know.

Very respectfully,

C. W. WINN, M. D.

The above letter came into our possession July 12, 1886. Who is Dr. C. W. Winn, and

"Upon what meat doth this our Cæsar feed,  
That he has grown so great?"

Dr. Winn prefaces his letter with the information that he is a stranger to Dr. E. D. Bostick (who is a graduate of the Nashville Medical College, Medical Department University of Tennessee), but has a school acquaintance with his son. The puissant Doctor could find strangers to him nearer home, but we must be charitable enough to believe that the milk of human kindness suddenly boiled over. Certainly there could be no element of interest in thus writing to a stranger about a matter in which he was not consulted. He wondered why the young man attended his first course in the Nashville Medical College, as the "old school" (Medical Department of the University of Nashville and Vanderbilt University) contained a much abler corps of teachers. We would be far from detracting from the reputation of the faculty of that time-honored school, but when thus put upon the defensive, do not propose that Dr. Winn, from his high pedestal, shall act as censor of the abilities of the faculty of the Nashville Medical College (Medical Department of the University of Tennessee). Two of its members, at least, have been honored with the highest position in the gift of the American profession, viz., Presidents of the American Medical Association. What a pity that Dr. Winn at that time was not out of his swaddling clothes, that he might have been able to advise the National Medical Association of the great impropriety of its action!

He was deceived by sharpers of the new school.

"O wad some power the giftie gie us  
To see ourselves as others see us."

We were not aware that there were any sharpeners connected with what Dr. Winn is pleased to call "the new school"; at least they have never demonstrated it by writing disinterested letters to strangers in the endeavor to divert students from the old school. Dr. Paul F. Eve did not have a difficulty with the faculty of the old school at the time of his leaving them; did not establish the new school, but became connected with it after its organization. His son, Dr. Duncan, *if under difficulties*, has, with the able assistance of his colleagues and the generous patronage of the profession, increased its classes from thirty-four the first session to 181 the session recently closed.

Is it not presumable that Dr. Bostick, having attended lectures and graduated at the new school, had sufficient intelligence to pursue his own wishes in this matter without the gratuitous advice of *disinterested* Dr. Winn?

A faculty of secondary ability—Eve, professor in five of the best schools of the South and West, honored by both civil and military powers, not only in America, but Europe; Bowling, the greatest master of the profession in the South and West, and to-day has a larger following in the profession than any man south of the Alleghanies; Lindsley, Buchanan, Blackie, Jones, Wight, Dow, have at least a reputation coëxtensive with that of Dr. Winn.

"Begot by butchers, yet by bishops bred,  
How high His Honor holds his haughty head."

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THE SOUTHERN DENTAL ASSOCIATION met in its eighteenth annual session, in Nashville, on Thursday, July 27th ult. The meeting has been reasonably well attended. Among the prominent gentlemen present were W. C. Wardlaw, of Augusta, President; R. A. Holliday, of Atlanta, Ga., Secretary; B. H. Catching, of Atlanta, Ga., editor of the *Southern Dental Journal*; J. J. R. Patrick, of Illinois; W. W. H. Thackston, of Virginia; G. F. S. Wright, of South Carolina; E. A. Chisholm, of Alabama; H. J. McKellops, of Missouri, and others. The dental profession of Nashville was ably represented by Drs. R. Russell, W. H. Morgan, J. Y. Crawford, J. C. Ross, J. C. Franklin, R. B. Lees, R. R. Freeman, and others.

The papers and discussions have been of more than ordinary interest, and we regret that we have not time or space to make a more extended notice of this meeting of distinguished and able Southern dentists.

**CARNRICK'S SOLUBLE FOOD:** Not long since I had brought to me a child of six months, suffering from the following symptoms:

Constipation, at times irregular action of bowels, regurgitation of food and an asthmatic cough. Its mouth was full of thrush sores, and its appearance one of poor nourishment.

It had been given a number of Infants' Foods in vain, one of which I prescribed myself.

By means of mild medication, directed towards the cough and stomach, something was accomplished. Finally I gave "Carnrick's Soluble Food," and had the satisfaction of having it retained, and at last accounts the child was doing nicely.

I am inclined to think this food is worthy of attention on the part of the profession.

It recommends itself in that it contains caseine, rendered soluble by pancreatine, starch converted into dextrine and maltose. Hence it requires but little preparation, and that is so simple, mistakes cannot occur.

It requires no addition of milk.

It has the advantages and none of the disadvantages of the many foods now in the market, and forms a nearly physiological substitute for mother's milk.

Very truly,

ST. PAUL, June 1, 1886.

C. F. DENNY.

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#### . WANTED.

A graduate of the College of Physicians and Surgeons of New York, who has in addition taken a post graduate course, as well as special course on gynæcology and surgery at the New York Polyclinic, and who has been in active practice for ten years, is desirous of changing his location. Would prefer purchasing an interest with a well-established physician in Nashville or Louisville. Address "Physician," care SOUTHERN PRACTITIONER, Nashville, Tenn.

—♦♦♦—  
**TASTELESS QUININE.**—See the advertisement of Sweet Emulsion of Quinine. The claims made by the manufacturers of this preparation can be relied on. It is not only free from disagreeable taste, but possesses all the valuable properties of the alkaloid. The quinia is perfectly soluble in the stomach, and just as good effects may be anticipated with the same degree of certainty as if the other preparation were used.

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# THE SOUTHERN PRACTITIONER.

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## *Original Communications.*

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ADDRESS DELIVERED BEFORE BEDFORD COUNTY  
MEDICAL SOCIETY.

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BY

THOS. LIPSCOMB, M.D., SHELBYVILLE, TENN.

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*Gentlemen of Bedford County Medical Society:* As introductory to the remarks which I may submit for your consideration, I would congratulate you on your success in reorganizing and re-vivifying Bedford County Medical Society, with fair prospects of continuance, and with the production of good results.

In the remarks which I may submit, I trust you will kindly receive them; for although they are plainly spoken, they are kindly intended, not for offending or wounding the feelings of any, but with a faint hope of doing some little good to my young friends who may honor me with their presence; and may I at once inquire of you, gentlemen, what are your aims and objects

in the formation of this society, what the necessity for it, and what advantages or benefits do you anticipate to yourselves, to patients, to patrons, or to the general public from its maintenance?

In the progress of my remarks I may attempt an answer to these several inquiries; and, first, I will say that you design mutual improvement, reciprocal benefits, to know each other better personally and professionally, the cultivation of kind and fraternal feelings toward each other as members of the same profession, more frequent and less restrained communication with each other, resulting in a comparison of ideas on special or general subjects within the wide and diversified range of medical science.

Such interviews suggest thoughts, thoughts suggest inquiries, which lead to practical investigation of the subjects discussed; you become wiser and better qualified to discharge the very responsible duties devolving on you as practitioners.

As to the necessity for such an organization, is not that a self-evident truth, "In union there is strength?" Or do any of you indulge a feeling of self-sufficiency, entire competency to control disease in all of its protean forms and complications, to discharge with credit to ourselves, or success to our patients, all of the varied and pressing duties that often so suddenly devolve on us? I trust not; but, on the contrary, the most thoroughly cultivated, and those who have had the largest experience, are often made to feel their inadequacy to the task before them, and anxiously exclaim, "Who is sufficient for these things?" Unfortunately, we sometimes witness ignorance and presumption joined hand in hand, while true wisdom is often veiled by extreme modesty.

In a farther consideration of this subject we will attempt a reply or answer to the question, What advantages are anticipated by this society to their patrons or patients from this organization? It is self-evident that these advantages to patrons or patients, although vitally important, must result secondarily, or through you, their medical advisors. This patent fact will devolve upon me the duty of recurring more fully to a delineation of the physician; his character, qualifications, duties, etc. Here considera-

tions the most important, and questions the most solemn, are brought to view. The physician should be a man of pure morals, unblemished character, firm will; cautious yet brave and fearless, prompt to act when dangers threaten, and grave duties must be performed; calm and self-possessed amid dangers that appall and unman all others, yet kind and gentle as a woman in his intercourse with the sick and dying, as well as prompt, energetic, and conscientious in meeting every emergency. He should possess physical capabilities that will enable him to endure more and work harder and longer, uncomplainingly, than any other man. Yea, be tireless and insensible to fatigue and exhaustion while any duties remain to be discharged. He should possess a strong, well-balanced mind, quick perception, sound judgment, with ability to correctly interpret symptoms, and logically arrive at correct conclusions as to the therapeutic indications of his patient, as well as regimen and hygienic regulations.

As to literary or acquired qualifications of the physician, I cannot be very definite, as so much depends upon the individual man, as to his success, the peculiar mental, constitution, etc.

It seems to us that *some*, if not a great many men, were not mentally constituted for physicians, and that no amount of educational training would insure them success. Hence, we see so large a percentage of those who study medicine and graduate, soon realize their lack of natural adaptation to the profession, and abandon it promptly, while we see others with very meager and inadequate literary training succeed with credit to themselves and benefit to those for whom they labor. Shall we infer from this that some are born physicians, and without preliminary training may at once assume the difficult, arduous, and responsible duties of the practitioner? By no means. Although some have thus acted, illustrating the axiom that "fools rush in where angels scarce dare to tread," let us recommend to those wishing to become members of the profession to make their preliminary training as extensive as possible. Having an eye to what is expected of physicians, as well as the educational facilities of this favored age, in connection with the vastly extended field of medicine, we may say that if *possible* each medical student should be



a good English scholar. He should also understand Latin and Greek, and (if he can possibly afford it) the French and German languages. This necessary mental training will greatly facilitate the succeeding acquisition of knowledge, by expanding and strengthening the mind, enabling him the more easily to grasp and comprehend facts and principles as the mind traverses the extended domain of medical science.

Thus facts and principles industriously culled from the elementary department of medicine will be wisely utilized as a sure foundation on which the accurate, scientific physician may build a glorious superstructure, which shall prove a lasting memorial of such as were willing, by self-denial, pains-taking toil, in preparatory studies to thoroughly prepare for the great work, with its fearful responsibilities, they expected to assume. Even at the expense of several years' delay, young gentlemen, ponder what I say; for such time is not lost, but will yield you an abundant harvest of good fruits.

I will here state another fact of which you are not aware in illustration of the benefits of mental training. Two of the brightest luminaries and most profound jurists who have ever adorned the bar of Tennessee studied medicine thoroughly, intending to practice it as their profession, before studying law. I allude to the late Chief Justice Nicholson and Hon. Wm. F. Cooper, still an honored member of the Supreme Bench. Think you that the time devoted to the study of medicine by those justly distinguished men was lost or thrown away? By no means; but let us rather infer that the cultivation of the different faculties, of memory, perception, reason, minute and patient analysis, necessary to the comprehension of medicine so expounded and strengthened their intellects as to very materially aid them in the attainment of their great eminence as jurists.

Any remarks as to the duties of physicians must be brief, as our admirable Code of Ethics is so full on this head as to leave but little necessity or room for any thing additional. I think he should be appreciative of neatness and good taste; if plain, yet his person and apparel should be clean and neat. His conduct and conversation should be gentle, courteous, frank, kind, chaste,

and truthful, keeping far aloof from profanity, vulgarity, or tendency to smut in the sick-room. He should be patient to hear details from the sick, giving such encouragement only as truth authorizes, eschewing dissimulation and duplicity in his intercourse with the sick. He should fully realize the responsibility of his avocation, and that in practicing medicine we are attempting to regulate a deranged yet most intricate machine, instinct with life, on the preservation of which the most momentous—yea, eternal—consequences depend, and with which life the support, the happiness, the very being of many others is bound up. Then how careful, how thorough, should be his preparation for the intelligent and prompt discharge of every duty! How self-sacrificing, and earnest should be his efforts to improve each passing moment, and how eager to utilize every means of increasing his knowledge and multiplying his resources, that he may be the better prepared for those pressing emergencies that so suddenly confront him! The duties of our profession are grave and most responsible, and the preparation for their discharge should be thorough and ample. We have no time to squander or kill. Securing membership in this society brings us into close contact, and intimate and kind communication with our brethren, when by free and unreserved expression of opinion, and the discussion of appropriate subjects, mutual benefit as well as individual advantage results. The language of inspiration sustains us; "for as iron sharpeneth iron, so does the face of man his friend." Then why should not each physician in the county gladly embrace such opportunities for self-improvement. If any are so wise, so thoroughly equipped for their work, as not to need any additional wisdom, let them, in the spirit of true beneficence, cast their lot with us who are less fortunate, that our needs may be supplied from their superabundance. There may be some of the opposite class who may make the really sad mistake of failing to become members from conscious ignorance, which may be the result of injudicious, of inadequate preparation as students, or of neglect of reading since becoming practitioners of medicine, so that they are lagging behind their cotemporaries, holding on to the profession by the tail, as it were. Either case is deplorable, but

not hopeless. Let such an one open his eyes and look at his surroundings, and right about at once; be honest with himself, honest with his patients, and no longer content to grope in darkness and ignorance in attempting the discharge of duties of the most grave and momentous import that ever devolved on mortal man. If there are any thus unfortunately situated, let them arouse and be no longer content to remain in that darkness. Let them come to the light, *read, think*, cultivate more friendly relations with your more fortunate brethren in the profession. In so doing become members of this society; confer with the members, listen to the discussions, and reading of essays, and the darkness with which you have been so long enshrouded will gradually recede, and be succeeded by light, replete with intelligence and conscious improvement. What more potent stimulant to effort, or stronger incentive to duty, can be placed before any man than to bring him in frequent contact and association with others of the same profession who are manifestly his superiors in wisdom and professional attainments? If such surroundings fail to incite a spirit of emulation, and to arouse additional and new desires for improvement and increase of knowledge in a member who has hitherto lagged behind in the profession, I should say there is no manhood in him, and I fear his case is hopeless.

Another reason, and the last that I shall recur to, why all the physicians of Bedford county should become members of this society is this: Each and every one of us have an interest, and a duty involved in supporting our profession, in maintaining its honor, its purity, and respectability.

I will read an extract from an address delivered before the Tennessee State Medical Society, just as applicable to this society, forcibly bearing on our subject: "Certainly almost every physician in the State who, during the last fifty years, has contributed to the literature or to the honor and dignity of the profession will be found enrolled a member of our society. Should not every physician who pretends to practice medicine reflect seriously whether he can afford not to be a member of this society? Let

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<sup>1</sup>Address of A. B. Tadlock, M.D., President of Tennessee Medical Society.

no one entertain the idea for a moment, in this day of popular education and emancipated intelligence, that his is an isolated life-path, which must shun others if it lead him to success.

"False the aim and contemptible the life of a parasite that seeks and only expects prosperity in the defeat or injury of others. Believe it, for it is true, respect from confreres in any calling or profession is a tower of strength among the people, and is the higher way to success in life. A physician here is recognized as always being a student while he is a physician; a student, too, who never reaches the orthodox faith and belief which teaches that further scientific study is useless, heterodoxy, and wasted sweetness on the desert air. We have in our society members of fifty years' experience who can judge best of the comparative advantages, medically, of the progressive past, the aggressive present, and the majestic future. They have not forgotten how and what it was they learned in pupilage, and having been students ever since, they are not now strangers to the medical status of to-day, and hence, no doubt, they see more vividly the significance of the progress which they have enjoyed and laudably labored to advance. This medical liberation and improvement is best practically symbolized in the difference that others have experienced in exchanging the wick and taper for the electric light of the dynamo. In the eyes of such men, medical worth and genius, embalmed in the memory and energizing to greater usefulness by precept and example, have more real living value in working out human destiny in the economy of the world than were their names inscribed on princely monuments of marble or brass."

The whole people, although not aware of it, are vitally interested in the maintenance of the honor and respectability of the medical profession. Then, who will do this if we do not? Through what other medium can the tide of empiricism be stemmed, and a too credulous and gullable community be afforded any protection against the impudence and rapacity of professional mountebanks?

To you, gentlemen, who have reorganized this society I would say: You have begun a good work; persevere in it, realizing at

every step the importance and responsibility attaching to you.

Be diligent students of books, and also close observers of nature at the bedside, that you may thus become better prepared to meet every exigency, and shed more light along your pathway on others, that both you and they may be better prepared to meet the necessities of the sick, and so aid nature by your wise and well-timed efforts as to be instrumental in arresting disease, bringing back the glow of health to the diseased, and superseding fearful anxiety, if not despair, with bright hopes and grateful joy.

When you have done this, you have only done your duty, and have no cause for vain boasting or self-gratulation; but remember, as the wise and good Dr. Watson said, "It is God who healeth our diseases and redeemeth our life from destruction."

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## NASAL AND NASO-PHARYNGEAL REFLEXES.\*

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BY

W. CHEATHAM, M.D., LOUISVILLE.

*Lecturer on Diseases of Eye, Ear, and Throat, University of Louisville, Louisville, Kentucky.*

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My purpose in reading this paper before this Association is not to advance any thing especially new, but mainly to keep before the minds of the profession the possibilities of these reflexes, and the importance of their investigation. In a paper read by myself August 5, 1885, before the Medico-Chirurgical Society of Louisville, and afterwards published in the *Louisville Medical News*, I gave very thoroughly the different advances in the investigation of these reflexes, until finally it has reached such a point as to be second to no other advancement made in medical science. The relief promised to so-called "hay fever" sufferers alone is one of the greatest of modern discoveries. In consider-

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\* Read before Kentucky State Medical Society.

ing this subject I wish to state that I accept "Sajou's" three essential factors in the production of these reflex symptoms, the first of which is an external irritant; second, a predisposition (from nerve exhaustion, or many other causes) on the part of the system to become influenced by this irritant; third, a vulnerable or sensitive area through which the system becomes influenced by the irritant. It is to the third essential factor to which I particularly wish to draw the attention of members of this Association. Let the irritant be what it may, and the predisposing cause be what it may, if there is a vulnerable point, or what is called a "sensitive area," locate that and destroy it. We must render our patients, if possible, so the influence of the first two factors will be nil. The first factor, the "irritant," can in a majority of cases be gotten rid of by being in certain localities. But absence from business, home, and friends, loss of time and money, often increase the second factor so that even after the so-called "hay fever season" is over, the waste of nerve tissue has been so great as to render the good effects doubtful. Let us consider the distribution of the nerves of the nose, and their connection with other nerves. Meckel's, or the spheno-palatine ganglion, is the center of distribution of the nasal nerves.

According to Gray, this ganglion has a motor root, the large petrosal of the facial, which joins the vidian nerve, a sympathetic root from the carotid plexus, through the vidian nerve, and a sensory root from the fifth nerve. The branches of this ganglion Gray divides into ascending, internal, and posterior. The ascending branches go to the optic nerve, the sixth nerve, and the ophthalmic ganglion. The ophthalmic ganglion gives off the short ciliary nerves which supply the ciliary muscle and iris.

The internal branches supply the mucous membrane covering the superior and middle turbinated bones, that lining posterior ethmoidal cells and the upper and back part of septum, the mucous membrane behind incisor teeth, and some branches to the septum. The posterior branches are the vidian and the pterygo-palatine which supply the lining membrane on the back part of the roof of the nose and septum, the end of the eustachian tube, and the pharynx behind the eustachian tube.

Again, the nasal branch of the ophthalmic supplies the mucous membrane covering the forepart of the septum of the nose, the forepart of the outer wall of the nares as far as the inferior spongy bone, and joins the facial nerve. It gives off a ganglionic branch which enters the ciliary or ophthalmic ganglion, also the long ciliary nerves, which pass on to the ciliary body and iris, with the infra-trochlear branch which supplies the integument of the side of the nose, the conjunctiva, lachrymal sac, and caruncula lachrymalis. So it will be observed that the nerve-supply of the nose is connected with the whole of the cephalic portion of the sympathetic, which is composed of the ophthalmic, Meckel's, otic, and sub-maxillary ganglia, and through the vidian with the carotid plexus. It is also connected with the eighth pair through the carotid plexus, the eighth pair having three branches, namely, the glosso-pharyngeal, the pneumogastric, and the spinal accessory.

From this account it will be seen that the nerve connection between the lining of the nasal cavity and the general nerve system is as intimate as that of any other organ of the body; and if this be true, then why may we not have a train of reflex symptoms from diseases of this mucous lining analogous to those resulting from diseases of the uterus, glans penis and stomach?

One of the best proofs of the existence of these sensitive areas is the relief or cure of such a great number of cases by their discovery and destruction, the fact that hay fever up to the discovery of these sensitive areas was incurable, and that now the disease is regarded as one of the most manageable of the chronic affections of the nose. What other proof should be required?

But, again, all the symptoms of a hay fever can be produced by gentle pressure with a probe on these sensitive areas. In one of my patients I can at will produce asthma by irritating the membrane lying over the posterior end of the turbinated bone. In another I am able to bring on all the head symptoms by irritating the central sensitive area. I have now under treatment a patient from Nashville, Tenn., who has asthma whenever a nasal polypus, from which she has suffered for five years, gets large

enough to press on the posterior sensitive area, the symptoms disappearing when the pressure is removed.

As to the location of the tender spots: The anterior area is found on the anterior portion of the nasal septum and anterior portion of external wall of the nose, in front of the inferior turbinated bone. The central area is near the center of the inferior turbinated bone, where the nasal branches of the sphenopalatine ganglion join those of the ophthalmic. The posterior area is at the posterior end of the turbinated bone. Each of these areas have corresponding sensitive areas just opposite, in the septum.

I have a patient under my care at this time who illustrates the effect of nasal hypertrophy upon the general condition. He is neurasthenic, and often suffers from a sense of general weakness and soreness of all the muscles of the body. When suffering in this way, he applied to me for the relief of a nasal obstruction which compelled him to sleep with his mouth open, with its usual train of bad effects, dry mouth, etc. He was extremely low-spirited, and with the symptoms given was about as miserable as a person is ever wont to be. I saw that he had nasal hypertrophy, and made use of muriate of cocaine for the purpose of shrinking it; this enabled him to sleep with his mouth closed. By means of an eye-dropper I threw into each side of the nose four drops of the four-per-cent. solution, with this effect, it gave him perfectly free nasal breathing, such as he had not had for years. In a short time he was relieved of all his muscular soreness, and with it all nervous depression, but the drug made him extremely wakeful. This is the effect he always gets from the use of the cocaine, unless it be applied too frequently, when it fails to shrink the hypertrophy.

Many cases have been reported as relieved of hay fever by the destruction of the sensitive areas. The figure of success is at least 80 per cent. of all cases treated.

Last season I treated three cases successfully. Mr. J. K. L., a highly nervous gentleman, one of the worst sufferers from "hay fever" I ever saw, spent last season at home comfortably, the first time he had found it possible to do so for years. He had occasional attacks of asthma, that could be relieved immediately



by applying cocaine to posterior sensitive areas. This case, I think, had a sensitive area in larynx, beside those in the nose.

Master C. had been a sufferer for some years. He was kept comfortable by means of Dobell's solution and fluid extract cocoa, used with post-nasal syringe.

Mr. S., whose suffering was terribly distressing, who, at times, when alone, feared death would follow some of his asthmatic attacks, would get instant relief when cocaine was applied to the nose and post-nasal space. When in his worst asthmatic attacks immediate relief would be given by applying cocaine post-nasally.

March last I was visited by a lady, suffering from asthma and headache so distressing as to prevent her lying down. For weeks all the sleep she had gotten was while seated in a chair. I gave her Dobell's solution, to be used in a spray, and from the first application she improved so in two days she could lie down and sleep perfectly.

Headaches as the result of nasal reflex are most too common to mention. Many are the cases I have seen relieved by treating nasal diseases when all other treatment had failed. Many affections of the eye are the result of nasal diseases.

Nasal diseases causing these phenomena may be classed under four heads: 1. Neoplasms—such as polypi, etc.; 2. Deformities—such as deflected septum, etc.; 3. Breach of surface—such as ulcerations, etc.; 4. Circulatory disturbances—such as engorgement, etc.

True hypertrophy can be told from the latter by the use of cocaine. If a true hypertrophy, cocaine will not shrink it; if simply an engorgement of vessels, cocaine will shrink it.

Another form of nasal reflex to which I forgot to refer is what is called by Schadowald trigeminal cough. Wille formulates his general conclusions on this subject as follows: 1. The trigeminal cough is by far the most frequent type of all existing coughs. 2. It is a nasal reflex neurosis, and may be regarded as the pathological inversion of the sneezing act. 3. This neurosis may exist with or without anatomical alterations of the nasal cavities without being dependent upon them. 4. The highest expres-

sion of this neurosis is the nervous asthma. 5. This reflex can be provoked by all branches of the sphenopalatine ganglion, and by the ethmoidal nerve. 6. Every local treatment in the domain of the trigeminus, which alters its reflex functions, may lead to an improvement, or even a cure of the affection.

Of these cases I have seen many. The majority of them are relieved by a simple alkaline spray, with proper hygiene to prevent a return. They can be differentiated by irritating the nose with a probe, and see if a similar cough is not produced, or by putting cocaine in the nose, and see if it is not relieved.

To return to the most important of the results of nasal reflex, "hay fever." The indication is in these to destroy the sensitive areas. Active treatment should be begun in May. One treatment every week at first. As we approach the so-called "hay fever" season the treatment should be more frequent. When the hypertrophies are very great, they should be snared off. My treatment of other hypertrophies has changed since last season. Any acids capable of destroying much tissue should not be used. Of course where the tissue is destroyed a cicatrix results, and on this cicatrix there constantly collects and dries the secretions. This undergoes decomposition, with all its bad results. This, besides, destroys so much secreting surface necessary to the proper performance of the functions of the nose. The galvanic cautery is open to the same objections; besides, it is extremely difficult to get a battery to work well, and to graduate the amount of heat. If it goes above or below a cherry-red, it is liable to do harm.

I now reduce hypertrophies, true or false, by means of electrolysis. I have made a broad spear-pointed needle with a long malleable shank. This fits in a handle, and can be drawn out as far as needed. The patient holds in his hand a sponge electrode, wet in salt-water. I have the current strong enough to decompose water. The needle is inserted into the hypertrophy, and the patient directed to squeeze the sponge firmly. The needle is moved around in the hypertrophy for a minute, then removed. Some bleeding follows usually, which is easily stopped by the use of hot water. The cicatrix left is just the size of entrance

of the needle. None of the secreting surface is interfered with by this treatment. The next application I make farther back, and continue doing so until all is reduced. The pain is very little, especially if the cocaine is used. One objection to the cocaine, though, in the false hypertrophy, is it shrinks the tissue so as render it difficult to get the needle between the bone and mucous membrane. After all neoplasms are removed and deformities corrected, weak solutions of acetic acid, chromic acid, or carbolic acid and iodine in glycerine, can be applied to the sensitive areas. This treatment may have to be repeated a season or two in a few cases; or, what matters it if it has to be done every season if it allows the many sufferers to remain at home with their families, friends, and business? There are some objections to the continued use of cocaine. It alone, though, gives relief to many of the distressing symptoms of "hay fever."

I failed to say in the beginning that I object to the name "hay fever" for this affection. However, it is the best understood by a majority of the profession.

Constitutional treatment in this affection is not of secondary importance. We know the iodides have special effect upon the nasal mucous membrane. Iodide of sodium, in five or ten grain doses internally, is of great benefit. Its effect is partly mechanical, for it keeps the membrane well washed off by producing hypersecretion. All so-called nerve tonics, iron, arsenic, quinine, and phosphorus, are of great service. Give these before meals, and the iodide after. I have now under my care fifteen cases of "hay fever." I hope next season to be able to give a much fuller report of personal experience in its management.

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WHAT is more pathetic than to see the simple faith with which a bald-headed man will buy an infallible hair restorative from a bald-headed barber?—*Detroit Free Press*.

## PUERPERAL CONVULSIONS.

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BYJ. A. WOMACK, M.D., OF KARBBER'S RIDGE, ILL.

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*Case 1.* Mrs John S., aged 26 years, second confinement, was taken sick on the morning of January 22, 1883, at about 4 A.M. A midwife was called, and said that the pains worked well until about 9 A.M., when suddenly she had a hard convulsion, which scared her so badly that she wanted their family physician sent for. He being sick, Dr. W. J. J. Paris, my preceptor, was sent for. He was sick, and I was the only chance. It being my first call, I hesitated a little, but by the persuasion of Dr. Paris, and knowing that the family had given the woman up to die, I could lose nothing, if I gained nothing; consequently I saddled my horse and put out for the mountains (for it was in the mountains). We arrived there at 9 P.M. Mrs. S., the midwife, had given her up, and was doing nothing for her. She gave me a short history, and said she never saw any thing like it before. According to her statement, the woman had had thirty fits in the twelve hours. I found the woman unconscious; made an examination, and found a vertex presentation. First position; head rather large, and pressing against the symphysis pubis. It being my first case, I went rather slow on morphine, but ventured so far as to give one-quarter grain hypodermically, which quieted her to some extent. I made another examination with my right hand, and manipulated over the womb with my left hand. During the time the patient had another fit, and the child was born; but unfortunately the child could not be resuscitated. I gave morphia, one-fourth grain hypodermically, and then paid close attention to the third stage of labor, while delivering the placenta with my right hand, and kneading over the region of the womb with the left to prevent hemorrhage. By this time she had an-

other light convulsion, and I repeated the morphine. In the meantime I gave brandy to try to rally my patient, but in the course of one hour she had another fit, making in all thirty-three. I repeated the morphine, making two grains which I had given inside of two hours, and at that time thought if she did not die from the convulsions, she would from the use of too much morphine. But I have learned long since that morphine is the remedy for convulsions. I left next morning, leaving the woman perfectly unconscious, but resting very quiet and breathing easy. After showing the midwife the proper way to use disinfectants and antiseptic injections, started for home, thinking that I was greatly relieved, and hoping that I would never see such another case. The woman made a rapid recovery, and has borne one child since with perfect ease.

*Case 2.* Mrs. Joseph G., aged 19, first confinement, was taken sick February 12th, and lingered until the morning of the 13th, when she began to have hard convulsions about every two hours. She was attended by her mother-in-law—a midwife. I was called that morning early. As I started, Dr. Paris came along, going just beyond where I had to go; so got him to stop with me and we would see what the trouble was. Upon inquiry, the midwife stated every thing worked well until she began to have fits. I made an examination, and found a head presentation and first position; cervix dilated enough to pass the index-finger far enough to touch the head; cervix very hard, rigid, and would not yield. While making the examination she had another fit. We concluded to give morphine to stop the fits and relax the system. Dr. Paris had to leave to see his patient, and said if I concluded on instrumental delivery to call for him as he went home. This time I gave one-half grain of morphine at 9 A.M.; she had another fit at 11 A.M.; repeated the morphine; she had another fit at 3, harder than ever; consequently I gave one grain of morphine, and concluded to deliver at once; sent a runner to meet Dr. Paris; at 7 P.M. we administered sulph. ether, and delivered with forceps. She had light spasms after delivery. The child was very hard to resuscitate, and lived only one day. With but one exception, she made a rapid recovery. She seemed to

be scared and smothered for about three days. I kept her quiet with morphine, and gave freely of oil cajeput and other stimulants to relieve smothering. I used all necessary disinfectants and antiseptic injections. Has borne one child since without trouble. I think the cause in this case was the injudicious use of fluid extract of ergot by the midwife.

*Case 3.* Mrs. John P., aged 16 years, first confinement. I was called April 1st, 1886; found her in first stage of labor; seemed to be annoying, cutting, hard and very irregular. Second examination found second stage of labor commencing; used nothing but external manipulation over the womb; pains became more regular and hard; made an examination; found the cervix dilated, but the vaginal, perineal and anal muscles seemed to be in a jerking or spasmodic condition. Presently I noticed a twitching of the muscles of the right cheek and right arm, and then a hard convulsion, after which I gave one grain of morphine, which quieted her and stopped the pains. Again I used pressure over the womb, which set up hard pains, and another convulsion came on; then I repeated the morphine, and kept up the pressure, and delivered the child, which was not hard to resuscitate; then turned my attention to the mother, using a little pressure over the womb to expel the placenta, and she had another light convulsion, but made a rapid recovery and did well. Antiseptics were used as before.

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## FOREIGN BODY IN RECTUM.

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BY

E. MONROE EVERETT, M.D., OF M'KENZIE, TENN.

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On July 5th, at 2 P.M., I was called to see Mr. P., aet. 35, of delicate physique and epicurean habits. On arrival, I found patient suffering intense pain from (as he thought) piles, which he said he had endured during the past forty-eight hours. Especially did he experience pain during (or rather at the close of)

defecation and micturition, which was caused, doubtless, by contraction of the sphincter ani and accelerator urinæ muscles. Upon a brief interrogation of patient, ascertained that he had, four days previously, at the State "Wheel," of which he is a member, eaten some chicken, at the same time chewing and swallowing some bones of same. Learning this, the diagnosis seemed easy and satisfactory; whereupon I made a digital examination, evidencing the correctness of the diagnosis, finding, as I did, a spicula of bone one inch in length and about one-inch in diameter, which had penetrated the mucous membrane of the bowel just above and anterior to the internal sphincter ani, perhaps impinging on a cutaneous branch of the perineal nerve. Removed same with no great degree of difficulty, but elicited a good deal of pain. Wound in mucous membrane healed readily. I urged patient's non-attendance at the next meeting of the State "Wheel."

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### *Selections.*

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THE LOCAL USE OF LIQUID ERGOT, NORMAL, IN CHRONIC GONORRHŒA.—Hearing of the success of Dr. N. V. Speere, of Quincy, Ohio, in the treatment of gonorrhœa with local applications of normal liquid ergot (such as that prepared by Parke, Davis & Co., of Detroit), and realizing the need of some more satisfactory remedy in the treatment of this disease, in its many stages, I resolved to see if the same good results would follow in my own practice, and therefore vowed that the next case of chronic gonorrhœa that came under my care should have the benefit of the experiment. In a day or two the opportunity presented itself.

*Case 1.* A young man, a salesman in one of our large manufacturing establishments, had suffered long and suffered much. He had tried all the "patents," "Big G.'s," etc., to be had, and had also received "rational" treatment from one of our regular

physicians. All this availed him nothing. After hearing his story, and knowing him to be a young man of temperate habits, never indulging in alcoholic stimulants, and observing a proper diet for so long a time, "my heart almost failed me." I concluded his was a very bad case. Nevertheless, I grimly determined to do what I could, recognizing the fact that success is not without effort.

First I introduced a large sized bougie, finding no difficulty in doing so. He complained, however, of pain, as the instrument was passing. After satisfying myself that no stricture was present, I gave him a small vial of normal liquid ergot, instructing him to use for an injection one part of this to four parts of water (distilled), once daily for a week, and at the end of that time (or sooner if he chose) to report progress. Did not see him again for about ten days, at which time he called to report. He very abruptly exclaimed, "What the —— was that you gave me?" I made some evasive reply, as I feared my treatment had proved disastrous in some way. Finally he said: "Well, I spent over \$35 on this business before I came to you, and this little vial cured me up." He remarked that after the first application he could notice an improvement, and at the end of the fifth day he was entirely free from discharge and pain.

*Case 2.* Thos. W., single, cabinet-maker, had contracted gonorrhœa about three years ago. Had received rational treatment, but was not benefited. He came to me for treatment about the last of May, 1886. This was a very obstinate case, but finally yielded to treatment and was discharged cured, July 30, 1886.

*Case 9.* John H., a moulder, single, had had gonorrhœa about one year. This case was very much like case one, except that the patient was intemperate. He was kept under treatment for about four weeks, owing to the fact that he would get drunk. This retarded the cure in his case.

Cases three, four, five, six, seven, eight, and ten yielded readily to treatment, and were discharged cured within from six to nine days.

Since then I have used it repeatedly, and with the same good results. I have a little army here that would, if they knew upon



whom to shower their blessings, bless the man that made the experiment of using local applications of normal liquid ergot in chronic gonorrhœa.

We need not, however, confine ourselves to its use in the treatment of chronic gonorrhœa, but can also use it in the acute stage. My experience in its use in the acute stage is not sufficient to advocate its use to the exclusion of the usual remedies.

An object in making this report is to place the treatment before the medical profession for their possible benefit, for I believe this drug to be worthy of special consideration, being confident that its proper use will be the means of helping us out of our embarrassment.

In closing, permit me to state briefly my reasons for using P., D. & Co.'s "liquid ergot normal." It has been represented to me that the manufacturers, having once ascertained the average amount of active principle contained in ergot of good quality, have adopted this as a standard; each parcel of their "liquid ergot, normal" is made to conform with this strength, so that the active principles of 16 ounces of such standard ergot will be represented by 16 fluid ounces of their finished preparation; that they "have rejected those principles which long experience has demonstrated to provoke undesirable action," and that they "lay particular stress on the value of this liquid for administration hypodermically."

Recognizing the importance of uniformity and purity, I was very ready to make a trial of this preparation, rather than the ordinary fluid extract. I was also influenced by my knowledge of the fact that Dr. Speere had used it with success. I was pleased to find this preparation of ergot miscible with water, and that it made an elegant solution for injection.—*J. Harvey Craig, M.D., in Medical Age.*

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**SALICYLATE OF IRON IN CHILDREN'S DIARRHŒA WITH OFFENSIVE STOOLS.**—Dr. Braithwaite, in the *British Medical Journal*, July 17, 1886, thus advocates the injection of salicylate of

iron in that form of diarrhœa in children characterized by exceeding offensiveness of the stools :

It is commonly met with in summer, but is not strictly what is known as infantile diarrhœa, in which disease the stools are sour, but not necessarily fetid. Probably this form of diarrhœa differs from the diarrhœa of younger infants, in being caused by the growth of the ordinary bacteria of putrefaction. It is not amenable to treatment by any astringent, nor has any alteration of diet much effect upon it.

It may, however, be successfully treated by disinfecting the bowel contents by means of salicylate of iron, as in the following prescription, which is suitable for a child two years of age : Sulphate of iron, one scruple ; salicylate of soda, one scruple ; glycerine, three drachms ; water to three ounces. The iron and the salicylate should be dissolved separately, and the solutions mixed. The color is darker than port wine, and the taste not unpleasant. One teaspoonful must be given every hour until the stools become well blackened, which happens in about twenty-four hours ; or a larger dose may be administered at longer intervals. The medicine should then be given every three or four hours, and occasionally small dose of castor-oil, to clear the bowels well out, and to get the secondary constipating effect of the oil.

I have employed this mode of treatment for many years. It was one result of a long series of microscopic observations upon the action of reagents upon the bacteria found in putrefying animal fluids, which I read before the Leeds and West Riding Medico-Chirurgical Society eleven years ago. The addition of the salicylic acid to the iron I made more recently.

In hospital practice, and among the poor, it is not so successful as it would be if it were possible to remove the child from the family living room, the air of which is usually very impure, and is made worse by the smells incidental to cooking, and the presence of a sink.—*Medical Age*.

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SUGAR AND CORROSIVE SUBLIMATE AS A FIRST DRESSING IN WAR.—Dr. Heidenreich, in a paper published in the *Vratch*, Nos. 19 and 20, strongly recommends as a first dressing on the

field of battle a mixture of corrosive sublimate with powdered sugar in the proportion of 1 to 1,000. It is important that when this is prepared the sublimate should be evenly distributed, and this is easily affected by first dissolving the mercurial salt in a little spirit, and then carefully rubbing up the sugar with it. The spirit ultimately evaporates and leaves a powdered mass of uniform composition. A little packet is supplied to each soldier, containing a capsule, in which is 5 grammes of the mixed powder—i. e., one two-hundredths of a dramme of sublimate—for the purpose of sprinkling on the wound; also a good-sized piece of gauze, impregnated with  $\frac{1}{2}$  per cent. of its own weight of sublimate by means of Bergmunn's process, which consists of dipping it in a solution containing 10 parts sublimate to 500 glycerine, 1,000 alcohol, and 1,500 water. Some hygroscopic wadding is also supplied, and this, when enclosed between two folds of the gauze, forms a dressing measuring 650 sq. centim., which is large enough to cover a somewhat extensive wound. The whole is enclosed by means of a layer of varnished paper and a triangular bandage, which is fastened with two safety pins. The author claims for this mixture of sugar and sublimate the advantage of being a particularly powerful antiseptic and quite innocuous. Sugar, he says, is the best substance for diluting the sublimate, being itself somewhat antiseptic. This dressing has also the additional advantage of being suitable for use wherever water may be procurable. This, of course, is not always the case, and where it is, the source is frequently in a march or pool of any thing but hygienic appearance. Under these circumstances he advises that filtration should be resorted to, and consequently proposes that a kind of filter consisting of flannel impregnated with sublimate should be included in the packets supplied to the men. The whole contents of the packet weigh only 75 grammes, and are exceedingly portable and convenient.—*Lancet*.

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THE DIAGNOSIS OF TUBERCULAR DISEASE OF THE URINARY ORGANS.—Dr. Irsai, in the *Wien. Med. Presse* (No. 36, 1884,) records two cases in which tubercular disease of the kidney was

diagnosed from the presence of Koch's bacillus in the urine, the diagnosis being confirmed by *post-mortem* examination.

M. de Gennes (*Ann. des mal. des org. génito urin.*, September, 1885), says that the discovery of tubercular bacilli in the urine is difficult, partly because centers of tubercular disease are often present in the kidneys for a long time without discharging their contents into the urine, and partly because of the excessive dilution of the bacilli in the urine. Hence, one may not find the bacilli in the urine, although the urinary organs are the seat of tubercular disease; but, on the other hand, one must not mistake for Koch's bacillus any of the many bacteria which grow in altered urine. It is necessary, therefore, to examine only the sediment of the urine after it has stood for several hours, and in the examination to be careful to decolorize with nitric acid very thoroughly. Even with these precautions, and after examining numerous specimens, it is rare to meet with more than two or three bacilli. He has in five cases of cystitis, however, determined the tubercular nature of the disease by finding the bacilli in the urine, while there was no other evidence of tubercular disease in the cases. His conclusions are, that just as in the case of the lungs, so in the case of the urine, if one finds no bacilli, one cannot infer that there is no tubercular disease; but if one finds even a single bacillus, of the nature of which one is absolutely certain, then the diagnosis of tubercular disease is affirmed.—*Revue des Sciences Médicales*.

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QUININE FOR TRAUMATIC NEURALGIA.—In a note on this subject Mr. F. J. Hart says:

That quinine cures neuralgia, especially of the asthenic type, is a matter of ancient history, but it is not so generally recognized that it is useful in the following severe injuries:

*Case 1.* This is a case of dislocation of shoulder by direct violence, with great bruising. After reduction, agonizing pain set in, following the course of the brachial plexus. It was compared by the patient to the "gnawing of a dog." Sleep was quite banished. Chloral and opium, in full dose, gave no relief.

A 5-grain dose of quinine, however, gave almost instant ease, with some hours' sleep; and, although the pain returned, it was always controlled in the most remarkable manner by the quinine. Only three or four doses of the remedy were required.

*Case 2.* In a severe wrench of the shoulder, with rupture of muscular fibres, attended with great pain, especially at night, relief was quickly obtained by 4-grain doses of quinine, given every six hours. The patient described the effect of the medicine as most rapid and soothing.

*Case 3* was one of a fall from a ladder, producing fractured rib and contusions. There was great pain, "not one wink of sleep," in spite of chloral (gr. 25) and opium (1 gr.). The patient was very violent and excitable. A fourth of a grain of morphine, hypodermically injected, calmed him somewhat, but the pain returned, and as I did not wish to push the opium, his kidneys being defective, I substituted 2 gr. of quinine every four hours. After this he got much better, and confessed that he could bear easily the little pain which remained. All these patients were full-grown men.—*British Medical Journal*.

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**RE-INJECTION OF BLOOD DURING AMPUTATION AT THE HIP-JOINT, WITH RAPID RECOVERY.**—In a case of strumous disease affecting both hips, the left knee, and the left elbow, with a large abscess connected with the left hip, the patient being in very feeble condition, amputation at the latter joint became necessary. The limb having been exsanguinated to the middle of the thigh, and a powerful elastic tourniquet applied at the groin, a rapid circular cut was made right down to the bone in the upper part of the thigh, the femur sawn through, the femoral artery and some smaller vessels tied, and the tourniquet removed; some hæmorrhage still occurring from a few small vessels, they were also ligatured. All the blood which escaped, both from the femoral artery and the smaller vessels, amounting to eleven ounces, was caught in a vessel containing a solution of phosphate of soda and re-injected into the deep femoral vein. By an incision on the outer side of the thigh the head of the femur was then dissected out. The wound

was dressed antiseptically. The patient suffered no shock whatever, nor depression of temperature after the operation. For the first few days he was flushed, and had a fuller pulse than before the operation, but he had no rise of temperature. The weakness and the anæmia of the patient, together with the increased vascularity of the parts due to the disease, rendered it very likely that he would not have survived the operation had not the greater part of the blood lost been re-injected—the fact being that from the exsanguification of the leg, together with the re-infusion, there was probably a gain of blood after the operation. *Edinburgh Medical Journal.*

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**ALCOHOLIC LIQUORS.**—Dr. F. M. Peterson, in his annual address as President of the Alabama Medical Society, formulates the following propositions as the result of his professional experience:

1. Alcoholic liquors are never necessary in health.
2. They are always injurious in health in any case.
3. They are never necessary as a food for man any more than they are for the lower animals.
4. They do not warm and give strength to the body, but diminish both.
5. They do not increase the powers of resistance and the endurance of mental and physical fatigue.
6. They do not increase mental vigor.
7. They do not give tone to the heart, but the accelerated action, which is always temporary, is followed by a reduction of tonicity.
8. They may for a short time increase nerve tension, but are followed by relaxation and debility, and the nervous system is more quickly worn out under their influence.
9. They build up no tissues in the body, but in severe cases they cause a deposition of adipose tissue, which is a source of weakness and destruction to the heart and to all other muscles.
10. They are specially harmful to brain-workers who take but little exercise.

11. They produce a tendency to apoplexy and paralysis.

12. They are never necessary nor in the least beneficial in a physiological condition of the system in any quantity, either large or small, but are often beneficial in disease, in which they should be prescribed by an expert.

As medicine they are often very important, and whilst every possible restriction should be thrown around their improper sale and use, physicians should be able to obtain them as readily and easily as quinine or other leading articles of the *materia medica*.—*Ala. Med. and Surg. Jour.*

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**BELLADONNA IN STERILITY OF FEMALES.**—There are few drugs which exhibit so pronounced a predilection to act upon certain structures of the body as belladonna. Among its favorite tissues, those of the female sexual organs may be mentioned. Its employment is followed by more or less benefit in every disease to which these parts are liable. I suppose it has fallen to the lot of almost every practitioner to be consulted by married women who never were pregnant as to the cause of their barrenness. Apparently, they enjoy the best of health, and have never suffered from any irregularity of the sexual apparatus. To such I have on several occasions prescribed belladonna internally, and have found that, after taking the medicine for some weeks, they became pregnant. I have seen this happen so often that I am constrained to regard the occurrence as something more than accidental. I shall not venture to theorize upon its action, but will merely mention that I have observed that the external genitalia become more relaxed, and the os and cervix uteri somewhat softened and pliable, during the treatment.—*J. Harris Jones, in New York Medical Journal.*

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**THE NINTH INTERNATIONAL MEDICAL CONGRESS.**—The *Lancet* mentions a number of well-known British medical men who entertain the intention of going to the Washington Congress, including Mr. John Simon, Dr. B. W. Richardson, Dr.

Thudichum, Sir James Paget, Sir Andrew Clark, Sir Spencer Wells, Professor John Cheyne, Professor Fraser, and Sir William Turner, and adds: "It is not America alone that is interested in the success of the meeting at Washington, but the profession throughout the whole world, and we might add the world itself. When our profession meets internationally it is of good omen. We not only stimulate fraternity and scientific rivalry among ourselves, but every thought in advance and every medical discovery is a great boon for the human race and for all nations. We urge on members of our profession in the empire to strain a point to be at Washington on or before September, 1887, where, if report is to be trusted, a very hospitable reception awaits them."—*New York Medical Journal*.

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CALOMEL AS A DIURETIC.—Jandrossic ("Dtsch. Arch. f. klin. Med.," xxxviii., 1866) has used this drug in several cases of cardiac dropsy, combining three or four grains with an equal amount of jalap, and giving this dose from two to four times daily. He states that a sudden increase in the quantity of urine is noticed on the second (sometimes as late as the fourth) day after beginning the administration of the remedy. It is necessary to check the purgative action of the calomel by means of opium. It is generally sufficient to continue the treatment for two days, then suspending the use of the drug and waiting until diuresis occurs. According to Jandrossik, calomel appears to have a specific action in dropsy of cardiac origin; it does not cause diuresis in healthy subjects, and is valueless in cases of renal dropsy. The author believes that calomel acts not upon the kidneys, but upon the blood, causing the latter to absorb the fluid from the tissues.

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THE BLOOD PLAQUE OR THIRD BLOOD CORPUSCLE.—Dr. W. Osler, *New York Medical Journal*, in Cartwright lectures presents a full discussion of this third blood corpuscle. He describes it as a colorless protoplasmic disc, measuring from one and a half to three and a half micromillimeters, always found in



mammalian blood. The number varies at different periods of life and in varying conditions of disease or health; perhaps an average is two hundred and fifty thousand per cubic millimeter. In proportion to the red corpuscles they are about one to eighteen. Like the red corpuscles, they tend on the withdrawal of the blood to adhere to one another, forming irregular masses known as Schultze's granule masses. The corpuscle or plaque is colorless, uniformly greyish white, either homogeneous or finely granular. Its shape as seen in the vessels is a circular disc, with smooth, well-defined margin. If tilted slightly it has an ovoid look; if seen in profile it is a narrow, straight rod or staff. It is not determined whether they are biconcave as the red corpuscles, or flat discs. In their natural state no nucleus can be made out. Some regard these as independent elements, others as young red blood corpuscles.—*American Lancet*.

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COD LIVER OIL TO INFANTS.—A very good suggestion has been made by Mr. S. Yeldham, of a plan of administering cod-liver oil to infants. He says: "Let the nurse dip the end of her little finger in the oil and put it in the child's mouth. This may be repeated five or six times in the twenty-four hours. In such small quantities, not only does it never disagree, but the child sucks it off the finger with avidity and evident pleasure. It may be administered in this way to the youngest infant." By this simple and inexpensive expedient, the writer says many infants who were absolutely starving for natural foods became fat and plump, and happily in an almost incredibly short space of time. The oil has the effect of enabling the child to digest other food which it could not retain on its stomach without it.—*London Cor. of Jour. of A. M. A.*

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"THE DANGERS OF KISSING."—Dr. Samuel Adams' paper on this subject, read before the American Medical Association, calls forth the following from the Norristown Herald: "It has long been known that kissing causes a species of heart disease which terminates in matrimonial fever, and the victim dies sooner or later. Generally later."—*Am. Prac. and News*.

**PATENT MEDICINES IN AMERICA.**—Recently published statistics state that there are 5,000 proprietary articles of home manufacture on the American market; 500 of these are of commercial importance, and fifty are run as an independent business. The patent medicine trade of the United States is \$22,000,000 annually; of this \$10,000,000 is annually expended in advertisements, and the net profit amounts to \$5,000,000.

The traffic is the work of the past half century, most of the patent medicines having sprung up since 1830. Not one in a thousand patent medicine men has succeeded. There are five firms which have made \$1,000,000 each; twenty others will aggregate \$5,000,000, and the net savings of all the rest will not reach another \$5,000,000. More patent medicines proportionately are sold in the United States than elsewhere. The great middle class buys most of them. The profits from and expenditures on established patent medicines run about as follows:

Expenses.	Per cent.
Cost of material, labor, and expense.....	24
Advertising.....	12½
Jobbers' expenses.....	03½
Retailers' expenses.....	21
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Total expenses.....	61
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Profits.	
Manufacturers' profit.....	12½
Jobbers' profit.....	05½
Retailers' profit.....	21
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Total profits.....	39

The smaller country newspapers subsist largely upon advertisements of these "remedies," and at least \$100,000,000 have been paid newspapers during the last two decades, while upward of \$5,000,000 have been expended in rock and fence advertisements.

The field for new patent medicines is narrowed every day. Cathartic pills and sarsaparillas do not succeed readily because so many established specimens occupy the field. Until the stamp-tax was abolished patent medicines yielded the government \$1,800,000 annually. The census of 1880 shows that there were

then 563 establishments in this line in the United States, employing 4,015 operatives; that the capital invested was \$10,620,000, and that the value of the annual outfit was \$14,682,000. New York stood first in the amount of capital invested (\$3,512,430), and in annual output (nearly \$4,500,005); Pennsylvania, second in capital invested (\$2,000,000), and third in annual output (\$1,000,000); Missouri, third in capital (\$1,500,000), and fourth in annual output (\$750,000); Ohio, fourth in capital (\$570,000), and fifth in annual output (\$450,000); Massachusetts, fifth in capital (\$521,000), and second in annual output (\$1,500,000).—*Exchange.*

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**THE CHOLERA IN EUROPE.**—The entire cholera mortality in Europe for four months and a half has been about 2,800, and there seems good reason to believe that it is dying out and will not spread to any considerable extent, though there is still time for further serious outbreaks before cold weather. A cablegram of August 16 states that the geographical area affected by cholera exhibits the capricious behavior of the disease. Thus, it is worse in Barletta, which is far away to the south, where the coast district between Monte Gargano and Brindisi is easily affected. Thence it makes a clear leap of 300 miles to Ravenna and Bologna, then turns northward, extending, though in a less virulent form, throughout Venetia, including the Island of Chioggia, and reaching as far east as Verona, and as far north as Castel Franco, at the foot of the Alps. It is a noteworthy fact that the places most seriously threatened lie in the center or on the edge of marshy plains formed by the alluvial deposits of rivers or the silting of the sea, which always induce more or less malaria at this season of the year.—*Jour. of the Amer. Med. Asso.*

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**WHEN NOT TO GIVE CHLOROFORM IN PARTURITION.**—1. Never give it to a woman who has a tendency to flood during every confinement, or to those who have great relaxation of fiber, or weak, anemic women in their eighth or tenth confinement, except for necessity.

2. Do not give it where labor is complicated with severe vomiting, or with acute heart or lung troubles, unless there be an imperative demand for it.

3. It should not be given to complete anæsthesia except for operations, convulsions, or spasms of the cervix, and then one person should devote his entire attention to it.

4. The inhalation should be stopped directly the pulse becomes weak or the respiration irregular.

5. Do not give it if there be grounds to fear fatty or enfeebled cardiac walls.

In cases where it has been given, there should be extra care to prevent post-partum hæmorrhage.—*Dr. Saville, of England, in Ala. Med. and Surg. Jour.*

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CHRONIC CHLORAL POISONING.—A. L. was admitted into the Hotel Dieu, presenting the following symptoms: Temperature 97° Far., pulse 100, full and feeble; expression anxious; eyes sunken; pupils contracted; great restlessness, requiring the constant presence of an attendant to keep him in bed. At times complete anæsthesia seems to exist, but he can usually be aroused to a semi-conscious condition when the pupils are seen to dilate. When consciousness is suspended there are no reflex movements, as considerable irritation causes no manifestations of a reflex character. This is unusual, as, under the influence of chloral, voluntary muscles show direct and indirect irritability. Respiration 12 per minute, shallow and irregular. He is said to have taken large doses of chloral for several days, but the exact quantity is not known. With careful and perfect quiet he recovered in a week and resumed his occupation. Chloral fulfils therapeutic indications not met by chloroform, ether, or morphine. It is more soluble in water than chloroform, and therefore absorbed more quickly from the rectum or stomach, or when given hypodermically. In the presence of an alkaline fluid it is decomposed into formic acid and chloroform. It was introduced into medicine by Oscar Liebreich, who tried to obtain the same effects from it that are gotten from chloroform, which he thought would

result from the decomposition of the chloral in the alkaline blood. As a sleep-producing agent it was an almost perfect success, but insensibility to pain was not induced. It seems not to undergo decomposition in the blood. No chloroform is found in the blood of animals poisoned with chloral. The breath of patients taking chloral is free from chloroform. Chloral is excreted in the urine, when the urine is acid, but when the urine becomes alkaline it is converted into chloroform. In chloral poisoning there is always a great fall of temperature. The indications are to keep the patient warm. Strychnine does not appear to possess much power as an antidote of chloral poisoning. In this case it did not do any good.—*David Jamison, M.D., in N. O. Med. and Surg. Journal.*

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UNIQUE CASE OF EXTRA-UTERINE PREGNANCY.—At the January 27th meeting of the British Gynæcological Society, Haywood Smith showed an ovum of five or six months from a case of extra-uterine foetation. The patient from whom the specimen was removed was 34 years old, married sixteen years, and had eight children, the last three years and a half ago. At the operation it was found the case was one of so-called abdominal pregnancy, the tumor being quite free from attachment to the pelvis, the uterus or its appendages. It was, however, adherent to the omentum, the vessels of which were not very much enlarged.—*British Gynæcological Journal.*

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POINT OF DIAGNOSIS IN ROTHELN.—In the *Lancet*, April, 1886, p. 785, Dr. Glover says he has noticed the earliest symptom to excite notice in cases of rotheln or German measles, is a swollen gland in the neck at the back of the sterno-mastoid muscle. This symptom he has noticed four or five days before the rash appears. When disease is prevalent, or already exists in a family, and a swollen cervical gland in a young person appears, without obvious reason, it may be suspected that the system is already infected.

## *Reviews and Book Notices*

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THE PHYSICIAN'S LEISURE LIBRARY SERIES. Published by GEO. S. DAVIS, P. O. box 470, Detroit, Mich. The series complete, embracing 12 new medical works, \$2.50; single copies 25 cents. Paper, 16mo.

A MANUAL ON INHALERS, INHALATIONS, AND INHALANTS, AND GUIDE TO THEIR DISCRIMINATING USE IN THE TREATMENT OF COMMON CATARRHAL DISEASES OF THE RESPIRATORY TRACT. By BEVERLY ROBINSON, M.D., Clinical Professor of Medicine at the Bellevue Hospital Medical College, New York. Pp. 72.

Behind this alliterative and tautological title-page are noticed, with much sound judgment and eminent fairness, the good and bad influences of the list of spray-producers and inhalers properly before the profession.

The writer's confessed fondness for Beseler's globe inhaler, "much more elaborate and expensive, non-portable," is nearly ubiquitous. Our interest in this subject might, in times of greater pecuniary indulgence, inspire us with temerity enough to ascertain its cost. We consider it a palpable error to give this apparatus precedence over Hassall's, one of simplest form, on the ground that with the former no considerable effort of inspiration is required.

THE USE OF ELECTRICITY IN THE REMOVAL OF SUPERFLUOUS HAIR AND IN THE TREATMENT OF VARIOUS FACIAL BLEMISHES. By GEO. HENRY FOX, M.D., Clinical Professor of Diseases of the Skin, College of Physicians and Surgeons, New York, etc. Pp. 67.

Fancy has led us to watch with some interest the evolution of this American innovation. This precise description of its application and the favorable results are no trivial evidences of the independent activity in our national dermatological camp.

The cause of hypertrichosis is safely and vaguely stated as a

perverted action of the nerves of the hair-bulbs (p. 20), and nearly all knowledge of its nature is disclaimed. He doubts its relation to malformations or imperfections of the reproductive organs (p. 21), and calls the proven cases exceptions. Then he brackets some statements showing it has been influenced by menstruation, and touching on heredity and paternal resemblance.

We shall not be unkind to Mr. Fox, and charge him with having viewed this subject in a narrow light, but we append some facts drawn from the reports he gives of twelve of the worst cases. Of these seven were unmarried, and two of the remaining cases have nothing said of their procreative exploits. Case one had one child after sixteen years of married life, and cases nine and twelve had none at the ages of 45 and 25 respectively, the latter after four years of marital relation.

We think that if our author had considered the far from infrequent cases that have their origin after the climacteric, that locally it may occur as a result of a fly-blister, and that pilocarpine favors its general development, he might have, with the advantages he enjoys, avoided so hearty a confession on this point.

The more interesting and promising portion of the *brochure* is that relative to facial blemishes, for we believe that chemistry is, or soon will be, equal to the task of removing superfluous hairs.

NEW MEDICATIONS. By PROF. DUJARDIN-BEAUMETZ, Physician to the Cochin Hospital, Editor-in-Chief of the *Bulletin Generale de Therapeutique*, Paris, France. Translated by E. P. Hurd, M.D. In two parts. Pp. 320.

Proper interest in his business can safely be charged to any medical man who will not seek the aids this excellent work extends. It is French in its every characteristic, and no one can object if newness is a decided feature in many of its tenets.

We do not consider this extenuation to be true in regard to interjected description of the pneumatic cabinet, which, along with the pap-bottle and the Belle telephone, the never-to-be-sold possessions, is, in the language of the hymns of the Feast of Fools, *orientis partibus*. We do not remember to have ever before seen so

highly pernicious a tendency prominent in a regular physician's writings. This may, if well-guarded, bear no evil fruit; but there can be no considerable differences in various estimates of the harm its present promulgation among the laity would engender.

THE CLASSIFICATION AND TREATMENT OF OVER TWO THOUSAND CASES OF EAR DISEASE AT DR. SEXTON'S AURAL CLINIC, NEW YORK EYE AND EAR INFIRMARY. By SAMUEL SEXTON, M.D., Aural Surgeon, and W. A. BARTLETT, M.D., and ROBERT BARCLAY, M.D.

This convenient volume will serve the double purpose of encouraging the inexperienced practitioner in early efforts, and of confirming the established aurist in favorite views. The appendix, containing full descriptions and illustrations of many useful instruments, will furnish not a few with most essential enlightenment. A classification, including the nomenclature of diseases of the ear concludes the subject.

BRIGHT'S DISEASE AND ALLIED AFFECTIONS OF THE KIDNEYS. By CHARLES W. PURDY, M.D., Queen's University, Professor of Genito-Urinary and Renal Diseases in the Chicago Polyclinic, etc. 8vo., 288 pages, with 18 illustrations. Cloth, \$2. Philadelphia: Lea Brothers & Co. 1886.

This work is a systematic, practical, and concise description of the pathology and treatment of the principal organic diseases of the kidneys, associated with albuminous urine, embraced in the comprehensive term of "Bright's Disease." It represents the most recent advances in our knowledge of the subject.

The book opens with a chapter on Albuminuria, giving a short history of the discovery of this most interesting pathological condition, and the various theories which from time to time have been adduced to explain its causation. There is an excellent resumé of the tests to ascertain the presence of albumen in the urine, with some strong common-sense remarks on the subject of quantitative analysis. The author takes occasion to commend the very convenient test papers of Dr. Oliver.

Authorities, ancient and modern, are quoted concerning the



ætiology of uræmia, the author very candidly leaving the question open. The remarks on the treatment of acute and chronic uræmia are practical and suggestive.

Nephritis is rationally and simply divided into acute and chronic, instead of the useless and confusing subdivisions generally given. The chapter on cirrhosis, including its semeiology and treatment, is excellent. Scarlatinal nephritis is fully considered, together with chapters on amyloid kidney and cyanotic induration.

The text is illustrated with a number of engravings from original drawings, chiefly representing the morbid anatomy of the kidneys. The type is clear, and an excellent index is added. We regard this as one of the best monographs which has appeared on the subject.

**ANALYSIS OF THE URINE, WITH SPECIAL REFERENCE TO THE DISEASES OF THE GENITO URINARY ORGANS.** By K. B. HOFFMAN, Professor in the University of Gratz, and R. UTTZMANN, Docent in the University of Vienna. Translated by T. BUXTON BRUNE, A.M., M.D., and H. HOLBROOK CURTIS, Ph.B., M.D. Second edition. 8vo., 305 pages. Illustrated. Price, \$2. New York: D. Appleton & Co. 1886.

Professors Hoffman and Uttzmann have fully accomplished their object in giving to practitioners of medicine a clear, correct, and concise guide in the diagnosis of diseases of the genito-urinary organs. The translators, in addition to their excellent rendition of the views of the authors, have given increased value to the work by incorporating in it much that has recently been added to our knowledge on the subject.

The authors, in their preface to the second edition, say as follows: "We have eliminated all unnecessary matter, and have endeavored to make our processes so simple that but a limited knowledge of chemistry will be necessary to understand our tests." We can most heartily commend this work as one of peculiar value, and of great interest and utility to the profession. The type is large and clear, the paper and binding excellent, and the illustrations satisfactory and instructive.

THE GENUINE WORKS OF HIPPOCRATES. Translated from the Greek, with a Preliminary Discourse and Annotations. By FRANCIS ADAMS, LL.D., Surgeon. Volume II. Being Vol. VII. of Wood's Library for 1886. New York: William Wood & Co.

All who take an interest in the views, theories, and speculations of the Father of Medicine, and desire to compare them with the accepted views of the present day, will be greatly pleased with this excellent translation and its annotations. Dr. Adams's translation was the result of a special request of the Sydenham Society that he carefully examine the large number of works bearing the name of Hippocrates, and select from them those that are unquestionably genuine.

Vol. II. contains chapters on Things Relating to the Surgery ; on Fractures ; on the Articulations ; Mochlicus ; Aphorisms ; the Oath ; the Law ; on Men ; on Fistulæ ; on Hemorrhoids, and on the Sacred Disease. It will prove of interest and no little benefit to any who will give it a careful perusal.

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## Editorial.

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### NATIONAL SANITARY AFFAIRS—SET TO THE TUNE OF "THE ARKANSAS TRAVELER."

---

We have no hesitation in the assertion that at least three-fourths of our people are perfectly familiar with the incident that is said to have given origin to one of our famous dance tunes. Yes, yes ; when it is raining we can't repair the roof, and when it is not raining it does not need it !

The following communication, in the *Phila. Med. Times* of the 21st ult., written by its talented and able Baltimore editor, Dr. Geo. H. Rohe, is a very correct statement of the status of National sanitary matters at the close of the Forty-ninth Congress. Dr. R., although quite young in years, is recognized as one of our authorities on public hygiene. He writes over date of August 6th.

"Sanitarians have received scant comfort from the Congress which has just adjourned its first session. The bill for the establishment of a

National Health Bureau went to sleep early in the winter. Intended, as it was, to create an office for a sanitary official temporarily out of employment, it lacked sufficient vitality to keep it alive. Its failure will probably cause very little regret.

"The bill for the appointment of a commission to study yellow fever, which was introduced by request of the American Public Health Association, and endorsed by the American Medical Association and other medical societies, had an excellent opportunity of passing. It had passed the Senate without a dissenting voice, and, in an amended form, was unanimously reported by the Committee on Commerce in the House. Congress recognized the practically unanimous endorsement which the measure received from the profession, as well as the press, both professional and lay, throughout the country. Had the bill been allowed to come to a vote upon its merits, there is no doubt that it would have been adopted by an overwhelming majority. It failed because, under the rules of the House, objection by a single member could prevent its consideration. Throughout the session it was evident that the members of the National Board of Health and their adherents in Congress were inimical to the measure, though no one could understand the reason for their opposition. The prospects of the bill finally dwindled in the last days of the session through the persistent objection of a member of the House from New York, who signalized his presence in no other way during his entire service. The cause of his opposition was a mystery until it was discovered that he was a family connection of one of the members of the Board. By their enmity to this measure the members of that organization invited its own destruction. The Sundry Civil bill as passed contains no appropriation for the continuance of the Board.

"The later history of the National Board of Health is not a creditable one. It was peculiarly the offspring of the American Public Health Association, and started out on its career with brilliant prospects. The parent organization sustained it with all its influence, even under encouraging circumstances, until it became evident that the members of the Board cared nothing for the latter *qua* Board, but were solely interested in perpetuating their own official existence. Some of the members foresaw what was coming, and 'stood from under' in time, but the others waited until the ruin toppled about their ears, and few will probably waste much sympathy over their final obliteration.

"The only drawback is that no legislation on sanitary matters seems probable now for a good many years, unless an epidemic compels it.

It is not unlikely that had the members of the Board, who had held office through two Administrations, tendered their resignations when the present Administration went into office, and given President Cleveland an opportunity to fill their places with live men in sympathy with the new order of things, some provision would have been made for the continuance of the organization. Their selfish obstinacy has placed the prospect for National sanitary legislation farther in the future than it has seemed to be at any time within the last decade. The sole protection of the country against invasion by exotic epidemic diseases now rests with the Marine Hospital Service and a rational local quarantine. Inasmuch as only a few ports have any thing like an efficient system of local quarantine, the activity of the Revenue Marine Coast Patrol must be depended upon to guard the vulnerable points. Even at the time of writing this, yellow fever is at the National Quarantine Station at Ship Island, in the Gulf of Mexico, and threatening the central Gulf coast with invasion."

While we do not endorse all the statements in Dr. R.'s communication, more especially his strictures upon the N. B. H., we are justified in placing this lengthy extract before our readers at this time, and hope that every member of the medical profession will take so much interest in regard to the formation of the next House of Representatives as will secure such a representation as will result in suitable legislation on this subject.

Hon. Isham G. Harris, of this State, who has so long and so ably represented his people in the Senate, has not been supported as he should have been by the Representatives in the other branch of the National Legislature, who come more direct from the people. He has always taken a proper view of the importance of National sanitation; and we think it incumbent on the medical profession of this and adjacent States, to at least manifest such interest in the coming elections, as will aid in, or secure the election of members of the House who will give proper attention to so important a matter.

The "Tariff," or "National aid to Education," are questions that sink into insignificance in comparison to the Nation's Health. Our law-makers should not wait for the stimulus of an epidemic visitation of some devastating scourge—look at the terrible losses in valuable lives and property that might have been prevented by timely legislation and a pittance of expenditure in comparison, prior to the epidemics of '73, '78, and '79—but should be up and doing. In other words, repair the roof in fair weather—don't wait until the storm bursts, for

whatever is done then will be hastily, hurriedly, and unquestionably less perfectly and satisfactorily executed.

As to the failure of the N. B. H., that we have regarded but as a question of time, and placed our objections to it on record in the address as Chairman of the Section on State Medicine at the 35th annual meeting of the American Medical Association. We also at that time as now, doubted the ability of the Marine Hospital Dept. to satisfactorily manage affairs of so great magnitude and importance at all times, in addition to the other duties devolving upon it.

We have always been an advocate for the creation of a Department of Health by the United States Government, a department of far more importance than several of those that now exist, and one which, if it receive even a moderate appropriation and support, will show far more satisfactory and beneficial results.

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### UNDISSOLVED CAPSULES.

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"We notice more favorable reports of the use of quinine in capsules. This reminds us of a case we were once treating in which there was a tendency to diarrhœa. The patient was a young man who had typical symptoms of malarial fever. We prescribed quinine in large doses administered in capsules, but our patient showed no evidences of becoming convalescent. After being much puzzled for some days over this matter, we noticed while observing the character of the stools that it contained three of the capsules intact which had passed through the intestines unchanged. We cannot account for this, unless the manufacturers used a hard article of glue in their manufactures instead of a good quality of gelatine. Where medicines are put up in capsules the attention of the nurse should be called to this matter, if we do not find our remedies are having their desired effect."—*Texas Courier-Record of Medicine.*

There are two conditions under which unsatisfactory results in the use of gelatine capsules for the administration of nauseous or bitter drugs invariably occur.

First, the veriest tyro in medicine should know that gelatine is insoluble in alcohol. The addition of a very minute portion of diluted alcohol, such as a little weak toddy, wine, or the administration of any of the tinctures, prevent its solubility in the fluids of the stomach.

Let any one try the experiment of placing a capsule in a glass of pure water, and another in the same quantity of water to which one teaspoonful of whisky, or any other form of diluted alcohol, has been added, and subject them both to 90° to 100° of temperature. In 30 minutes or less, the one will be dissolved, while the other will be converted into a tough, leather-like substance, retaining its shape and toughness for hours, or almost indefinitely. Tannin also precipitates gelatine. We remember on one occasion being called to a case in which tannic acid, in 3 gr. doses had been administered in gelatine capsules, and this, too, by a practitioner who had some degree of reputation in his locality, with a regular diploma hanging in his office. The patient had just as well have put the capsules in his breeches-pocket.

Second, when the stomach or bowels are in a very irritable condition, gelatine capsules should not be administered. It will require at least 30 minutes or more immersion in *compatible* fluids of the temperature of body to enable the gelatine to be dissolved, and set free its contents in the alimentary canal. The hardness, the similarity to a foreign solid substance of a gelatine capsule is sufficient to add to the irritation of an already irritable stomach or alimentary canal.

Observing these precautions, we have never had any than the most satisfactory results with the use of the empty capsules manufactured by H. Planten & Sons, of New York, or Messrs. Parke, Davis & Co., of Detroit.

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## THE TENNESSEE STATE DRUGGISTS ASSOCIATION.

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The druggists of Tennessee met in Nashville on Wednesday, August 11th, and formed a State Association. The address of welcome was delivered by J. T. Lellyett, of Nashville. It was appropriate, eloquent, and gracefully delivered.

A constitution and by-laws were adopted.

The following officers were elected for the ensuing year: R. H. Gordon, Nashville, Permanent President; T. W. Scruggs, Memphis, First Vice-president; Dr. McCampbell, Knoxville, Second Vice-president; John T. Lellyett, Nashville, Secretary and Treasurer.

Space does not permit of our publishing the constitution and by-laws in this issue.

The Memphis Board of Exchange expressed themselves ready to coöperate with the Association in all measures for relief.

The following standing committees were appointed: Committee on Legislation—J. S. Cain, Nashville; J. L. Robinson, Memphis, and A. J. Albess, Knoxville. Committee on Trade Interests—W. W. Berry, Nashville; M. Block, Chattanooga, and B. H. Owen, Clarksville.

A resolution was unanimously adopted to petition the Legislature to relieve druggists from the unjust imposition of the act relating to the sale of liquor by druggists passed in 1882.

The following was offered by M. Block, of Chattanooga:

“*Resolved*, That this Association discountenances the selling of alcoholic stimulants by druggists for other than medicinal purposes, and therefore will not consider any druggist in good standing in the profession who is guilty of such a practice.”

The Association adjourned to meet in Nashville the second Wednesday in May, 1887.

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### PATENT MEDICINES.

In one of our selected articles we give some very interesting points in regard to the use of patent medicines in this country. Here is a field of no little magnitude for the exercise of the functions of the State medicine people. We think it would result in far greater benefit if this immense trade could at least be regulated—not suppressed. We doubt the ability of the law making power to suppress, or the constitutionality of laws looking to its suppression, and possibly some of the articles coming within this class are more or less beneficial.

The Code of Ethics takes the proper view of the matter, but is powerless so far as the people are concerned. It does prevent the use of these preparations by honorable members of the regular profession. The regulation that is needed—that which would be perfectly adequate—is simply the enactment and *enforcement* of such legislation as would secure the publication of the correct formula in plain and intelligible terms, both as regards character and quantity, on each package that is sold. By this means many of them, such as are frauds upon the public and therapeutic absurdities, would be legitimately suppressed, and such as are of any use whatever would be more than ever in demand. The patent protects the discoverer or inventor just as much as in other patented articles; the publication of the component parts upon each package dispensed, would protect the people.

NEW JOURNALS.—Among the new medical journals that have been placed before the public during the current year, we take pleasure in mentioning the following :

*Progress*, a 48 page, double column, monthly, edited by Prof. Dudley S. Reynolds, M.D., of Louisville, Ky. Subscription price, \$2 per annum. It is newsy, lively, unique in its make-up, and with so able, experienced and talented a helmsman can but succeed.

*The Alabama Medical and Surgical Journal*, 80 pages, monthly, edited by Drs. J. D. S. and W. E. B. Davis, of Birmingham, Ala. Subscription price, \$2.50 per annum. A most excellent addition to the periodical literature devoted to medicine and surgery. Its editors, although novitiates, manifest an ability, energy, and interest well worthy of emulation.

*The Pacific Record of Medicine and Pharmacy*, monthly (Spanish and English), 32 pages, quarto. Chas. W. Moore, M.D., editor, corner Third and Market Streets, San Francisco, Cal., is a very handsome publication from the Pacific Slope. It has a Spanish appendix for the benefit of Spanish-American readers. Subscription price, \$2 per annum. Quite a number of well-written original articles, able editorials, and carefully-made selections constitute its make-up.

*The Neurological Review*, 56 pages, monthly, edited by Dr. J. S. Jewell, of Chicago, Ill. Subscription price, \$3 per annum. Devoted distinctly to clinical neurology.

We cordially welcome them to our exchange table, and wish them a most hearty success.

---

ERGOT IN SPECIFIC INFLAMMATION OF THE URETHRA.—The first of our selected articles is one from our lively, interesting, and wide-awake contemporary, *The Medical Age*, written by Dr. J. Harvey Craig, of Mansfield, Ohio, giving a very satisfactory account of the use of liquid ergot, normal, in the treatment of gonorrhœal cases of long standing.

In the March, 1883, number of THE SOUTHERN PRACTITIONER, we published a communication from Dr. I. H. Hall, of Milledgeville, Ga., in which equally satisfactory results followed the use of fluid extract of ergot in recent cases. One case, seen on the fourth day, was completely relieved in four days by injection of undiluted fluid extract of ergot, aided only by a dose of Epsom salts.

We have made occasional use of the normal liquid and the fluid extract, and have found in every instance the most gratifying results.



MCINTOSH MANUFACTURING COMPANY have an advertisement in this issue that will well repay perusal. We have been using one of their 18-cell combined galvanic and faradic batteries for more than a year past, and find it to be one of the most satisfactory instruments that we have ever used. It is compact, portable, durable, and will not fail to give satisfaction. Send for their illustrated catalogue; also send for their pamphlet on "Some Practical Facts about Displacements of the Womb." The McIntosh Manufacturing Company also make a uterine supporter, combining both internal and external support, self-adjusting and adaptable to the varying positions of the body.

---

TREATMENT OF OPIUM POISONING.—Dr. C. K. Wilcox, of Gainesville, La., reports in the *New Orleans Medical and Surgical Journal* for August, that he took by mistake one fluid ounce of laudanum, and was successfully treated by emetics of zinc sulphate and ipecac, administered immediately, but which did not produce emesis for two hours. Atropia, one-fifteenth grain, was given hypodermically an hour after taking the tr. opii. Enforced exercise and strong coffee were also used. Respiration did not fall lower than nine to the minute; heart's action feeble and rapid.

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LISTERINE is not only valuable to the surgeon, gynecologist, and dentist, but has proven in our hands peculiarly beneficial in keeping down the unpleasant odor and fetor of the breath in advanced stages of consumption. The formula we use is saturated solution of potas. chlor., three parts; listerine, one part. Take one to two teaspoonsful three or four times daily. In disorders of the stomach, in which, from imperfect or delayed digestion, decomposition of the food is likely to occur, it is also a most valuable preparation.

---

A HIGH COMPLIMENT TO A DISTINGUISHED TEXAS PHYSICIAN.—Dr. Q. C. Smith, of Austin, Texas, has been made a Fellow of the Society of Science, Letters, and Art of London, and has received his certificate, with the compliments of, and an autograph letter from, the Hon. President, Sir Henry V. Goold, Bart.—*Daniel's Texas Medical Journal*.

Yes. He received the degree and paid for it. Others desiring the same *distinguished* honor, have only to remit the necessary cash.

MISSOURI MEDICAL COLLEGE—CORRECTION.—In our two last numbers appeared a very egregious and unfortunate typographical error in the advertisement of this reliable and reputable school of medicine. The lecture fees were placed at \$7 instead of \$75. No school furnishing the excellent character of such thorough instruction as the Missouri Medical College, could afford lower terms than those adopted by all the regular schools in good standing in the South and West.

---

CHIEF MEDICAL PURVEYOR, GEN. J. H. BAXTER, M.D., has been designated by President Cleveland, Acting Surgeon-General of the Army, Surgeon-General Murray having been placed on the retired list. We sincerely hope that he will receive the appointment permanently, to which he is entitled by reason of rank, duration and efficiency of service, and unquestioned ability.

---

ROBINSON'S LIME JUICE AND PEPSIN is an elegant preparation, containing the reliable digestive properties of Schaeffer's Concentrated Pepsin and the aperient and cholagogue characteristics of pure lime juice. It is a valuable remedy for dyspepsia, indigestion, and biliousness, and is specially useful during the heated term. It can be obtained from our retail and wholesale druggists.

---

LACTATED FOOD, as prepared by Wells, Richardson & Co., is highly nutritious, non-irritating, and a most valuable preparation. It is one of the most valuable of artificial foods to be used during the hot season, and will do much toward preventing cholera infantum, and is most beneficial in all cases of that terrible disease.

---

WAYNE'S ELIXER OF JUNIPER AND ACETATE OF POTASH is one of the most satisfactory diuretic combinations we have ever used. Try it, and you will not regret it.

---

LIKES ITS ACTION VERY MUCH.—I have used Acid Mannate on one case, and liked its action very much.

Sun Hill, Ga.

J. R. HENDERSON, M.D.

TO PROTECT IRON FROM RUST.—Professor Calvert has recently made the interesting discovery, by practical tests, that the carbonate of potash and soda possess the same property of protecting iron and steel from rust as do those alkalies in a caustic state. Thus it is found, that if an iron blade be immersed in a solution of either of the above carbonates, it exercises so protective an action that if it is exposed to a damp atmosphere it will not oxidize, even after so extended a period as two years. Similar results, it appears, have also been obtained with sea-water, on adding to the same the carbonates of potash or soda in suitable proportions.

---

NATIONAL HEALTH SERVICE.—The Senate has passed the bill creating a commission to investigate the efficacy of inoculation as a preventive of yellow fever, but restricted the membership to two officers, skilled in bacteriology, already in the Government service, authorizing them, however, to employ experts—in *clinical* knowledge of the disease, we suppose, as without this no report by mere bacteriologists would be of much value. In the Senate, also, the Committee on Epidemic Diseases has reported an amendment to the Sundry Civil bill, appropriating \$33,500 to pay the *expenses* of the National Board of Health. *Dead Sea Fruit*—Cause: Want of Action in the House of Representatives.

---

TASTELESS QUININE.—See the advertisement of Sweet Emulsion of Quinine. The claims made by the manufacturers of this preparation can be relied on. It is not only free from disagreeable taste, but possesses all the valuable properties of the alkaloid. The quinia is perfectly soluble in the stomach, and just as good effects may be anticipated with the same degree of certainty as if other preparations were used.

---

PAPINE is the anodyne or pain relieving principle of opium, the narcotic and convulsive elements being eliminated. It has less tendency to cause nausea, vomiting, constipation, etc. Indications—Same as opium or morphia.

---

P. C. JUNEY, M.D., Olin N. C., says: I have tested Celerina in my practice and find it a most excellent nerve tonic.

MANY Kansas druggists place hand-bills along the walls of their respective stores, declaring their willingness to partake of a dose of every bottle of medicine put up by them. When it is considered that the chief medicine sold in Kansas is whisky, the above offer loses much of its heroic aspect.

---

FOR BLISTERED FEET.—Salicylic suet is used in the German army as a remedy for foot-sores, instead of the sylicylic powder formerly employed. It is composed of two parts of pure salicylic acid and ninety-eight parts of the best mutton suet.

---

DOCTORS.—Moliere had a verry sorry opinion of the medical profession. He described doctors as those who pour out medicine about which they know little, into bodies about which they know less, in order to cure diseases about which they know nothing at all.

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SURE SIGN OF DEATH.—It is stated on reasonable good authority that when they wish to ascertain if a Kentuckian is dead, "Let's take a drink!" is whispered gently in the ear of the supposed corpse. If no reply is made the funeral can go on.

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NITRO-GLYCERINE has just been admitted to the British pharmacopœia. The apprehension in regard to the use of dynamite, and the legal difficulties in the way of its manufacture, are given as the reasons of the late recognition of so valuable a drug.

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WELL PLEASED WITH ITS ACTION.—I have used Acid Mannate and am well pleased with its action. W. J. J. PARIS, M.D.  
Karber's Ridge, Ill.

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THE AMERICAN RHINOLOGICAL ASSOCIATION will hold its fourth annual meeting at St. Louis, Mo., on the 6th of October next.

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MT. CATARRHDIN is suggested as a suitable resort for hay-fever subjects.

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# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,

DEVOTED TO MEDICINE AND SURGERY.

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No. 10.

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## *Original Communications.*

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### SECOND-SUMMER DIARRHŒA OF CHILDREN.<sup>1</sup>

---

BY

W. D. HAGGARD, M.D.,

*Professor of Gynæcology and Diseases of Children, Med. Dept.  
Univ. of Tenn. (Nashville Medical College.)*

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Enterocolitis, inflammatory diarrhœa, intestinal catarrh of infants, second summer, etc., are the synonyms employed to designate the disease I am expected to describe in this paper. In order that we may have constantly before our minds the character and nature of the affection, we will point out briefly the anatomical lesions, which are found to consist in a hyperæmia of the mucous membrane of the ileum and colon, notably of that portion situated about the ileo-cæcal valves and the sigmoid flexure.

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<sup>1</sup>A paper read before the Davidson County Medical Society, Aug. 21st, 1886.

As the disease assumes a chronic character, the isolated glands become involved, the extent of involvement bearing a direct ratio to the duration and severity of the lesion, becoming ulcerated in the more inveterate cases.

*Ætiology.*—Children insufficiently nourished, and exposed to sudden changes of temperature without sufficient clothing of a suitable character to afford protection, sometimes become affected with diarrhœa, just as other children contract coryza or bronchitis from the same cause.

But the most common *primary* factor in the production of entero-colitis is the injection of food which is unsuitable for infantile digestion. I remark on this point that the period most liable to the onset of the disease is that between six and eighteen months of age. Prior to the age of six months the child is chiefly nourished from the mother's breast or the bottle; at any rate, the food consists mainly of milk. Below the ages of six and eighteen months the child intuitively carries everything it can lay its hands upon to its mouth, and either by accident or design, injects food which acts as an irritant to the now undeveloped condition of the digestive apparatus. Diarrhœa due to these causes occurs in all localities and climates. When we have superadded to the above a high range of temperature, we have a condition highly favorable to the development of the disease. Thus, we have in the last edition of J. Lewis Smith's work, a tabulated statement of the deaths occurring from infantile diarrhœa, giving the number of deaths occurring in each month for the year 1882 in the city of New York. Without stopping to give the entire table, I simply call attention to the months of January and July, in which the deaths under five years of age were, in January, 34, in July, 1,533. These figures need no comment.

In the annual report of the New York Board of Health for 1870 the mortality from diarrhœal affections amounted to 2,789, or 33 per cent. of the total deaths. Of these deaths, 95 per cent. occurred in children less than 5 years old, 92 per cent. in children less than 2 years old, and 67 per cent. in those less than a year old. (Smith.) I give the above statistics, first, to show the fearful mortality of infantile life; secondly, to show the influence

of heat, accompanied by unsanitary conditions, such as is produced by overcrowded apartments, damp cellars, filth, decaying vegetable matter, defective sewerage, personal uncleanness, impure water, etc. Observation shows that the noxious effluvia with which the air becomes polluted in the filthiest portion of any large city, is largely responsible for diarrhoeal troubles both in children and adults.

Whether the exact nature of the disastrous agent or agents in the foul atmosphere which causes the diarrhoea consists in gases or organisms has not been fully determined, although I believe the preponderance of evidence is greatly in favor of the germ theory as an ætiological factor in the production of entero-colitis.

But to the factors already referred to we must name another equally potent, and without which the disease would be shorn of much of its terror and much of its fatality. We refer now to the unsanitary conditions which do now, and must ever, exist in all large cities, despite the best directed efforts of sanitarians. In proof of the statement that heat alone does not suffice for the promotion of summer complaint of children, we refer to the smaller towns and rural districts, where the same intensity of heat obtains, and yet the summer complaint does not occur, at least only exceptionally.

Therefore, the causative influence of indigestible food and of high temperature, both combined, do not account for diarrhoeal troubles.

To epitomize the ætiological factors in entero-colitis, we will name, first, residence in large cities; second, high temperature, associated with moisture; third, improper food; fourth, age of patient.

*Dentition.*—The opinion formerly entertained in the profession, and now prevalent in the community, that many infantile maladies arise directly or indirectly from dentition, is erroneous. Still there are physicians of experience who believe that teething is a common cause of certain maladies, especially of functional derangements, even of organs remote from the mouth.

On the other hand, equally good observers—and the number is increasing—almost wholly ignore the pathological merits of



dentition. They say that as it is strictly a physiological process, it should, like other such processes be excluded from the domain of pathology. A moment's reflection will show how important it is to understand the exact relation of dentition to infantile diseases.

Every physician is called now and then to cases of serious diseases, inflammatory and non-inflammatory, which have been allowed to run on without treatment. In the belief that the symptoms were the result of dentition, I have known acute meningitis, pneumonitis, and entero-colitis, even with medical attendance, to be overtaken, and the symptoms attributed to teething during the very time when appropriate treatment was most urgently demanded. Many lives are lost from neglected enterocolitis, the parents believing the diarrhoea to be symptomatic of dentition, a relief to it, and therefore not to be treated. Such mistakes are traceable to the erroneous doctrines once inculcated in the schools, and still held by many of the laity, that dentition is directly or indirectly a common cause of infantile diseases and derangements. (J. Lewis Smith.)

"Dentition is usually held to be the cause of many ailments, but to what extent it is really so is doubtful. The time of dentition is one of transition. An uniform and bland diet is changed for one of greater variety, and febrile attacks—diarrhoea and vomiting, which are so rife at this time—are more satisfactorily experienced by indigestibility of food than by some occult influence of tooth-cutting." (Goodhart.)

True we may have a diseased condition of the alveolar process of the periosteum, or other structure which may exert a deleterious influence on the digestive apparatus, but I deny that any of these pathological conditions depend upon the condition of the teeth. These structures are just as liable to take on a morbid condition as the cellular, the membrane or any other tissue, and when they do so, exert an influence for bad, just as a morbid condition of any other structures may do. In other words, when the structures involved in the process of dentition become the seat of morbid action, it is as completely independent of the act of dentition as a morbid condition of any other part of the body is independent of its natural development.

Teething was, as late as the beginning of the present century, looked upon as one of the chief causes of infantile mortality. According to Eustace Smith, "one author classes it among the fatal diseases of childhood; others estimate the mortality from this cause alone at one-tenth, one-sixth, one-third, and even one-half of the whole number of deaths under the age of two years. Even at the present day it is common to find dentition included in the ætiology of almost every variety of nervous disorders occurring in the child."

Such opinions as above quoted may do for the laity, but for a highly-educated physician to confound a purely physiological process with a pathological condition is too absurd to deserve notice.

The process of dentition is purely physiological, and should not, and, as I firmly believe, does not, give rise to any more inconvenience than the digestion of a meal's victuals by a healthy stomach, unless some morbid condition of the gums or teeth arises during the evolution of the teeth, in which case the unhealthy condition might be a factor in the production of diarrhœa, just as a morbid condition of the stomach might produce a diarrhœa.

In my judgment, the relation existing between the evolution of the teeth and the occurrence of a diarrhœal affection cannot be any thing more than a mere coincidence, provided always that the process be normal. Any opinion to the contrary cannot be sustained by legitimate argument.

*Symptoms.*—An attack of entero-colitis in its prodromic stage is characterized by restlessness, disturbed sleep, anorexia, sour evacuations, frequent acid dejections, growing less consistent and more frequent, until vomiting and diarrhœa constitute the most prominent and alarming symptoms. The stools consist of sour and undigested food, and number from six to twenty in twenty-four hours. Sometimes the evacuations vary in character and consistency. They may be semi-solid or liquid, green and acid, or they may contain mucous and blood, or finally be almost serous and highly offensive. There may be pain, with tenesmus attending

or not, with slight rectal prolapse. The tongue is often very red at the tip and edges, with a whitish fur in the centre; thirst is increased in proportion to extent of fever, appetite diminished, abdomen distended and oftentimes tender on pressure. The surface is hot and dry, the thermometer indicating pyrexia, ranging from  $101^{\circ}$  to  $103^{\circ}$ ; pulse feeble, often numbering 120 to 140 per minute. Urine scanty, highly colored, and often muddy, and passed only at long intervals. If the disease progresses uniformly the face grows pale, the features pinched, the eyes sunken and lusterless, the nasal lines of Judelot appear. About this time, in unfavorable cases, a dark ring surrounds the eyes. If determination to the brain has not already occurred, it is apt to show itself now, quickly followed by spasms; the fontanelles, if still open, become full and throbbing, the body rapidly wastes, the muscles become flabby, the buttocks and inner portions of the thighs chafe from the acid condition of the discharges. The case progresses from bad to worse. As death approaches, coma with frequency of spasms increases, the vomiting and diarrhoea become wholly uncontrollable and death quickly follows.

Diagnosis is early established by the age of the patient, the locality, sanitary surroundings, season of the year, by the vomiting, the character of matter ejected, the number and character of the stools, the loss of appetite, increase of thirst, and prevalence of the disease.

Prognosis is governed largely by the surroundings, the ability of patients to improve them, or, if they are too bad, to remove the child to a more favorable locality. Sporadic cases occurring in rural districts admit of more favorable prognosis.

In the treatment of all diseases and injuries of the human body, the first duty of the physician is to acquire a thorough and accurate knowledge of the morbid anatomy of the structures involved, and to appreciate the physiological and pathological changes wrought by the exciting cause of the disease which he seeks to cure.

It is particularly necessary that this line of thought and inquiry should obtain in diseases of children, whose organism is exceedingly delicate and easily impressed by extraneous causes

and pernicious influences. It is equally important that the physician should make due recognition of the recuperative powers of nature, which are often quite sufficient to effect a restoration to health as soon as the exciting cause is removed. Thus, we find indigestible and irritant injesta a prolific cause of entero-colitis; hence, the substitution of a dietary which the digestive apparatus of the child is capable of assimilating and appropriating to the nourishment and development of the body for the unsuitable diet often given the child, will frequently effect a cure without further medication. We often have, however, superadded to the unsuitable injesta, other factors equally potent for evil, such as a high range of temperature, unsanitary surroundings, with all its accompaniments. Therefore, under such circumstances as these, the condition of the dietary alone will not suffice, but in addition we would recommend people who have the means to remove the patient to a place of safety in the country, or to the seashore for the summer months. For people who cannot afford this, much may yet be done in the way of prevention of further inroads upon the system, and a permanent cure be effected by keeping the child during the day in the fresh, open air of public squares and parks, by fasting, by clean and suitable clothing, good food, by attention to cleanliness of bedding, and free ventilation of sleeping apartments during the heated term.

The clothing must be thin and light as possible, provided, always that woollens are worn next the skin. Several times a day during the early stages of the attack, the whole surface of the body should be sponged with water at about 80° F., and carefully dried with gentle friction until the skin is aglow. After prostration has set in, full warm baths, freely stimulated with mustard or alcohol, are to be employed.

In prescribing the dietary, quantity as well as quality should be definitely stated, otherwise, owing to the intense thirst, more liquid food will be taken than can be digested. With bottle-fed children good fresh cows' milk must form the basis of any food. A necessary precaution is always to see that the most scrupulous cleanliness is obtained in the management of the bottle and tips, and no tubular arrangement should ever be allowed,

as it is next to impossible to keep a rubber tube properly cleaned.

The medical treatment should be well considered, and no agent should be administered without the most cogent and satisfactory reasons therefor. I am thoroughly satisfied that, taken altogether, if more attention was paid to the dietetic and hygienic treatment of the diseases of children, and less medicines were used, infantile mortality would be less an opprobrium to the profession than it is. And yet medicine, wisely selected, judiciously administered, and its effects carefully watched, is capable of doing a vast amount of good. Children are easily impressed by medicine, and its effect for weal or woe is speedy and effectual. In almost every case of entero-colitis the secretions are sadly at fault, particularly that of the liver, as indicated by the lack of bilious matter in the stools; therefore, mercurials in very minute doses, persistently followed up, in my judgment, constitute the anchor of hope and will in a large proportion of cases do more to avert the onward march of the disease than any agent at our command. Its power in controlling the disease arises, first, from its well-known alterative effect on the liver, but its chief virtue lies in the control it exercises over the process of fermentation. One of the most hopeful signs of improvement in the treatment of this disease is based upon the avidity with which the medical mind has seized upon the advances made in establishing the causative relation between micro-organisms and the development of the disease. It is a conceded fact that fermentation is the result of the presence of a vegetable parasite, in all substances capable of undergoing fermentation. Hence, the great desideratum in the treatment of second summer complaints is to find an agent that will destroy the vegetable parasite, and thus arrest fermentation. It is now well established that mercury is the best germicide yet discovered, the bichloride and the bin-iodide being the preparations which have the most power in effecting the destruction of the germs which are so constantly present in the contents of the intestinal canal in all cases of entero-colitis. Fermentation is the starting-point in putrefaction, the latter being the result of a rapid accumulation of bacteria, without which putrefaction can-

not take place. That this is so, is placed beyond dispute by the experiments of Koch, Pasteur, and others, and the whole doctrine of antiseptics rests upon this affirmation. Did time permit we might enlarge upon this point. In the selection of the particular preparation of mercury, this may safely be left to the discretion of the physician, as well as the dose and the length of time it is kept up. I must insist, however, on the agent being used in doses sufficiently minute as to admit of its constant employment without the fear of ptyalism.

Antiseptics—Listerine being the best—in combination with astringents, will be found useful, provided always, that neither be used in doses sufficiently large to distend the stomach in the performance of its now debilitated functional activity. Cod-liver oil will be found in protracted cases of great value, often improving digestion by its ready assimilation and appropriation to the nutritive functions.

During the progress of the disease, it will often become necessary to resort to the use of alcoholic stimulants, to ward off prostration or rally the powers of nature in desperate and prolonged cases. Given in ten to twenty-drop doses, according to the age and condition of the child, it often exerts a beneficial influence in allaying vomiting, sustains the strength, etc. Oftentimes we find it necessary to administer bismuth in the shape of the sub-nitrate, ferruginous tonics, as the ferrated elixir of calisaya. The various vegetable astringents often prove effective for good. If the child be under a year old and still nursing, I prefer often to administer the medicine to the mother, particularly when it is deemed advisable to give cod-liver oil; we thus improve the quality; malt beer or porter, we increase the quantity of milk.

Then, to summarize the points we have endeavored to make: Eliminate from the professional mind the traditional heresy that teething is to be regarded, when normally performed, as exercising any influence whatever as a causative agent in the production of entero-colitis; educate parents up to the proper recognition of the true causes which are most active in the development of the demon, viz.: Unpalatable food, high temperature, bad hygienic surroundings, age, and residence in large cities. When the

people are educated up to this point they will not trust their offspring to the merciless greed of micro organisms, which are carried into the intestinal canal with every morsel of food, whether solid or liquid, the child eats, and which find in the intestinal tract the fittest soil for their propagation and development, instead of consoling themselves with the false idea that it is only teething that is undermining the life of their dear little ones. Then they will send for the doctor, and thus give the child and the doctor a chance.

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## VARICOCELE.

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BY

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Varicocele may be defined as a varicosed condition of the spermatic veins within the scrotum, while cirsocele is used to denote a varicosed condition of the veins of the cord and testicle. These two terms are, however, used synonymously to express any abnormally varicosed condition of the spermatic veins independent of the location affected. The disease always commences in the spermatic cord, and generally makes itself known by a heavy and often smart pain, which from time to time darts to the testicle and loins. The ailment, however, frequently develops itself without any inconvenience. This disease confines itself mostly to the left side, the proportion between the development upon the right and left side being as twenty to one in favor of the latter. This excessive frequency upon the left side is explained as follows: First, the left testicle hangs lower in the scrotum, and thus the veins of the left side support a heavier column of blood; second, the spermatic veins of the left side are pressed upon by the sigmoid flexure of the colon when distended; third, the

spermatic veins of the left side join the renal vein at a right angle to the current of blood, thus impeding the rapid return of blood from the left testicle; fourth, the left spermatic vein is by some authorities stated to be poorly supplied with valves, but anatomical accuracy of the statement is questionable. The causes of this disease may be divided into three classes; 1. Those which impair the general vigor of the part—viz., masturbation, abuse of venery, chronic orchitis or repeated attacks of acute orchitis, lack of proper support, or from a relaxed scrotum, etc.; 2. Causes from pressure—viz., abdominal tumors, enlarged lumbar or inguinal glands, hernia, trusses or belts worn around the waist, accumulation of fat in the omentum, or mesentery. 3. Causes by muscular effort—viz.: Prolonged riding on horseback; prolonged rowing, exercise in running, waltzing, etc., whooping-cough.

Varicocele forms a pyramidal swelling in the scrotum, with its base downward and its apex extending upward toward the inguinal canal. The swelling has a peculiar knotted and convoluted feeling, and the sensation conveyed to the hand is often compared to that which would be given by a bunch of earth-worms. The tumor increases when the patient stands or walks, and almost, if not quite, disappears when lying down. The only affection with which varicocele could possibly be mistaken is that of scrotal hernia, and the diagnosis is sufficiently clear to be unmistakable. We will point out a few of the diagnostic points. In varicocele the tumor is knotty and irregular, and feels like a bag of worms. In hernia the tumor is usually smooth on its surface and regular in its outline. In varicocele the tumor increases on the application of heat; in hernia this is not the case. The last diagnostic symptom I will give puts these diseases beyond question—viz.: In varicocele the tumor returns when the patient stands up, in spite of pressure at the ring. In scrotal hernia the tumor, if once reduced, can be prevented from a return by pressure at the external ring.

Having now clearly defined and located this disease, I now invite your attention to its treatment. This we shall divide into palliative and curative. In the palliative treatment, application



of cold astringents, such as lead wash, solution of alum, aromatic decoctions, naphtha, etc., have been used. This, with a well-constructed supporter, are the only means that have as yet been brought forward. Possibly the best apparatus for the support of varicocele is the one invented and now largely used by Dr. Morgan, of Dublin, which consists of a piece of webbing four and a half inches long, three and a half inches wide at one end, four inches at the other, and gradually tapering to the narrower end; a piece of thick lead wire is stitched in the rim of the smaller end; two tapes sewed along the entire length of the webbing, and the sides furnished with neat hooks, a lace and a good tongue of chamois leather. When the suspender has been applied to the testicle, the tapes are to be attached to an abdominal belt. Legions in number are the operations which have been suggested and practiced for the radical cure of this affection. I will briefly pass some of them in review, leaving for the last the one which in my hands has proven the most successful. According to Celsus, the superficial veins were cauterized with a pointed iron, and the whole bundle of deep veins tied and extirpated. Dr. Charles Bell's operation consisted in the separate tying of one or more venous strings. The modern operations which are proposed and have had numerous advocates are those of Ricord, Vidal, Lee, Wood, and Annandale. Ricord's method consists in introducing subcutaneously in opposite directions, but through the same aperture, two double ligatures, one beneath the spermatic veins, isolated from the vas deferens, and the other above them, so that there shall be a loop and two ends of the ligature on each side. The ends are then threaded with the corresponding loops, and attached to a light yoke provided with a screw, by daily turning which they are constantly drawn tight, thus effectually strangulating and ultimately cutting through the veins, from which the ligature drops in the course of the second or third day. Vidal's method consists in passing a steel pin, perforated at both ends, below the veins and between them and the vas deferens, and through the same aperture a silver wire above the veins and between them and the skin. The wire is threaded through the perforations at each end.

of the pin, which is then rotated in such a way as to twist the wire and roll up and firmly compress the veins. The wire is twisted more and more tightly each day, until the veins are cut through, usually at the beginning of the second week, when the pin and wire are easily withdrawn.

Lee's method consists in passing two needles beneath the veins and between them and the vas deferens, about an inch apart, pressure being then made by means of elastic bands passed over the extremities of the needles. The veins which are thus compressed at two points, are next divided subcutaneously between the needles, which may be removed on the third or fourth day. Another method recommended by the same surgeon consists in cutting away a portion of the scrotum, compressing, dividing, and searing with a hot iron the affected veins, and finally closing the wound with a carbolized suture.

Wood's method is an ingenious modification of Ricord's, in which the veins are surrounded subcutaneously with a metallic ligature, and the ends of the ligature pass through and are secured by a light spring, by the action of which the wire is constantly drawn tight.

Annandale's method consists in excising a portion of the enlarged vein, as practiced by Marshall and Steele in cases of varix of the extremities. These operations, as stated by Ashurst and others, are attended with some risk, and can only be justifiable in exceptional cases.

The operation as practiced by myself consists first, as suggested and practiced by Sir Astley Cooper, in cutting away a large portion of the redundant scrotum; in next exposing the veins and in ligating them with a carbolized silk suture. The parts are then brought together by means of silk sutures, and the scrotum held with firmly applied adhesive strips. The sutures are removed between the fourth and eighth days. What I claim for this operation is that it is less hazardous, and that the results in my hand have been more satisfactory than any of the other operative procedures.

## SCIRRHUS

BY

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In May, 1878, I was called in consultation to see Mrs. E. L. M. I found a physician, and a consultant in attendance. The patient, a lady 58 years old, had an infiltrating scirrhus cancer of the breast. The disease had been in progress about two years—she had nursed her husband a few years before, who died of cancer—and was far advanced, nearly the whole breast being involved, as well as the axillary glands on the affected side, which were very much enlarged. A rough, ulcerated, and bleeding surface about two and a half inches in diameter covered the most projecting portions of the tumor.

The patient's general health was extremely poor. There was loss of appetite, great emaciation, nausea, and feebleness. Taking everything into consideration, the case did not seem to be a favorable one for surgical operation. There was one point upon which we all agreed, viz.: That she would not live through the summer without surgical interference; but upon the question of the propriety of a surgical operation we could not agree. The attending physician took positive ground against it. The writer took positive ground for it, and our colleague said he would sustain neither one of us. This "dead-lock" of *three* necessitated the calling of a fourth, Dr. J. M. Boyd, who decided with the writer; and, accordingly, on the 20th of May, 1876, I, assisted by Drs. J. M. Boyd, J. P. Park, and ———, removed the whole of the diseased breast, and all of the enlarged axillary glands. The prostration and feebleness of the patient was such after the operation was completed, that we thought it imprudent to remove her from the operating table for several hours.

The wound healed promptly; but in July following a nodule

about as large as a filbert developed near the cicatrix, and on July 23rd, after freezing the parts with rhigolene spray, I removed it.

Again, on August 21st, I removed another small lump from near the edge of the cicatrix, but at a different point.

Again, on October 20, 1879, another from a point two inches above the outer end of the cicatrix.

Again, on February 17, 1879, another from near the edge of the cicatrix.

And, finally, again on May 21, 1879, another an inch and a half above the middle part of the cicatrix.

After that the disease seemed to be exhausted, and there was never any evidence of a return of it.

After the first operation, the patient's health was very much improved, and continued good for several years; but her constitution was always delicate, and at the time of the original operation she was prematurely old, physically.

About eighteen months ago her general health began to fail, and she died in her sixty-sixth year, August 9, 1866, of marasmus, having lived seven years, two months, and nineteen days after the last operation.

Taking into consideration the general condition of the patient, and the far advance of the disease, the result was extraordinary, and is a strong argument in favor of the knife, *persistently* used, in removable cancer.

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## Selections.

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THE LIMITATIONS OF MEDICINE.—Doubtless those of our readers whose experience as medical practitioners dates back a quarter of a century, have witnessed a great change in their conceptions of the power of medication unto the healing of the sick. In their neophyte days there were set opposite each disease numer-

ous sure cures, and, panoplied with the armamentarium of a rich materia medica, they went forth conquering and to conquer with all the enthusiasm and confidence of youth. Time, however, wrought its strange mutations, and with the lapse of years there came a growing regard for Nature, the kind old dame, with whose assistance patients recovered in spite of misdirected zeal. It is, nevertheless, a fact that much of the talk which we are accustomed to hear, of the inefficacy of medication, and the boasts of medical nihilism, is mere flippancy. While it is unquestionably true that too much is expected of drugs by the young practitioners, it is none the less a fact that there are among them many "friends whose adoption has been tried" through experience, and which are "grappled to the soul with hooks of steel" by him who has seasoned his years of practice with brains, and conscience, and an observant eye.

As an illustration of the flippancy to which we have referred, we have before us an article by Dr. G. M. Dewey, in the *Medical Record*. He instances the fact that recent works on practice contain more on diagnosis and pathology, and less on therapeutics, than those of a century ago, as evidence of the decline of therapeutics. This is a most unwarrantable inference. The fact argues rather that the vague generalities of a century ago have become crystallized, and that diffuseness has been consolidated into directness. He mentions, further, in illustration of the decadence of therapeutics, the fact that whole classes of remedies are left out of modern works on the subject; among them are lithontriptics, and he declares emmenagogues and expectorants to be on a decline. "Lithontriptics," it is true, have disappeared, but who will hold in this age of advanced knowledge of the chemistry of the secretions and excretions that their place has not been supplied with a treatment, hygienic and medical, which does infinitely more for the affections to which the other remedies were blindly directed than was dreamt of a century ago? And notwithstanding Meigs' satirical reference to emmenagogues as "hen-persuaders," it would argue very profound ignorance to hold that amenorrhœa is not vastly more susceptible to modern treatment than it was even a century ago. Expectorants, too,

although they are no longer directed to pneumonitis, it would be difficult for the therapeutic nihilist to convince the practitioner who is abreast of the knowledge of the age, that they do not play an important part in the treatment of affections of the respiratory apparatus. "Some doctors," says our skeptical friend, "still believe that squills, ipecac, and senega possess some powers to get phlegm out of the lungs." Yes, indeed, the woods are full of just such doctors, and their practice, we warrant, would compare favorably in its results with that of the dilettante who prides himself on his disbelief in the efficacy of drugs.

"The better class of physicians," continues the writer, "are not expecting honors from prescriptions. Flint was no druggier. Holmes was a medical skeptic. Bennett, before whom the dosers and druggers quail, says there are but four drugs known whose effects are unquestionably beneficial in particular diseases. They are: (1) Quinine in ague; (2) pitch ointment in psoriasis; (3) male shield fern in tapeworm; and 4, sulphur ointment in scabies." While we yield to none in our respect for the names quoted, we must still remember that Flint and Bennett were less qualified to speak on the subject of therapeutics than are thousands of practitioners of to-day who believe, for instance, that there is virtue in opium, mercury, belladonna, iron, digitalis, ipecac, iodide of potassium, and at least a score of other drugs, without which they feel it would be a farce and even a fraud for them to pretend to treat disease. As for Holmes, the dear old autocrat, we will continue to love and honor him and his memory, but we will be excused if we refuse to regard him as an authority on therapeutics.

Dr. Dewey's communication is, nevertheless, a piece of interesting reading, and contains some truths. The limits of our space forbid further criticism of it, and we shall be content with giving a few quotations without comment:

"When we cut out the confessedly incurable and the self-limited complaints, we have not got much to work on. The specialist claims what is left. Drugs intelligently used, I doubt not, have often greatly assisted nature in her extremity.

"Sulphate of quinine, while it is still prescribed by the rou-

tinist in typhoid fever, is eschewed by more thoughtful men in the profession. Given day after day, to reduce a temperature which comes back day after day until the disease has run its course, was indeed very silly practice, to say nothing of its deleterious effect on the digestive and nervous systems.

"The United States Dispensatory contains eighteen hundred closely written pages giving the virtues of innumerable drugs. Yet alcohol and opium are of more value than all the others combined. Opium has assuaged more pain, soothed more sorrows, and saved more lives than all the remedies in the *materia medica*. Good doctors father no prescriptions, no specifics.

"While Ringer is quoted as a believer in specific medication, while his book goes through semi-annual editions, his most vaunted remedies are for functional disorders. A good physician's highest hopes are realized when he has by opium assuaged pain, and by alcohol kept the heart wagging in the decline of some violent malady.

"If we have been nature's adjunct in her extremity, we have filled our mission.

"Alcohol, though slandered and villified by fanatics, has saved millions from an untimely end. There seems to be some inexplicable affinity between alcohol and the human system. The higher the civilization the more apparent the affinity. Noah, who built the mammoth ship that saved the world, felt its soothing influence; while Solomon, the wisest of mankind, like Mohammed, interdicting wine, fell the victim of a more ravishing vice.

"Noah's first thought, when his boat landed, was wine. He planted his vineyard before his corn or tobacco. The Bible says, 'Give wine to him who is sad of heart, and strong drink to him who is ready to perish.' But as this is not a dissertation on prohibition, æsthetics, psychology, or divinity, I will not pursue this thought further.

"A doctor's faith in physic is the measure of his intellect. It is always in inverse proportion. Confidence in God and nature points to large comprehension.

"When we look upon the countless millions who have lived

their allotted time undoctored and undrugged, our faith in physic weakens. With all our knowledge, all our skill, we give out at three score and ten. The divine appointment of death robs us of Utopian hope in drugs. Impossibility of proof of demonstration is at the bottom of endless controversy in medicine and divinity. We all agree about the multiplication table. Truth is mightier than lore—than authority.

“The strife between nature and art in the cure of disease has resulted in a victory for the former. Nature, unadvertised, has won a thousand trophies to one of art, whose seas of ink have been drained to prove one cure.”—*Medical Age*.

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THE PREVENTION OF COMMUNICABLE DISEASES.—Dr. J. M. Anders made the Prevention of Communicable Diseases the subject of an address before the Pennsylvania State Medical Society.

The chances for successful prophylaxis of infectious diseases are greatly increased, he said, in those instances in which the specific organism has been isolated to which the infectious quality is due. The demonstration of the specific cause of a disease often leads, by inciting further study, to the attainment of certain knowledge concerning the indispensable conditions for its development and multiplication. Communicable diseases are in great measure preventable, provided that the known principles of hygiene are rigidly enforced.

The list of communicable diseases is long and varied, and in recent times has been added that scourge of humanity—phthisis. In general this class of affections has a common mode of dissemination—viz., by contagion, by infection, or both, though in varying degrees. As a corollary, there are certain leading principles looking to their prevention, which principles are applicable to them as a class, and they may be conveniently considered under three heads: First, isolation of the patient; secondly, atmospheric purification by disinfection and ventilation; thirdly, purity of the water supply.

What does proper isolation consist in? Not merely in placing



the patient in a separate apartment, having been occupied by other members of the household, but a special room should be set apart for this class of invalids in every comfortable family. Densely-populated centers should afford fever hospitals. There are few human interests which could be more successfully promoted by an enlightened public sentiment than the proper isolation of those ill with infectious diseases. There are certain indisputable facts opposing the practicability of complete disinfection of ordinary living-rooms after being used for a patient suffering with a contagious disease. Thus, Prof. Tyndall found by experiment that the air of inclosed boxes at the end of three days no longer swarmed with the microscopical particles which were always found to be suspended in ordinary air. These had all attached themselves to the sides of the boxes. Experiments also show that air-borne bodies have no affinity for organic surfaces. The matters floating in the air of a closed room tend to attach themselves to the side walls, floor, and ceiling. Hence, to disinfect such rooms thoroughly it would become necessary to remove all paper from the wall. He pointed out the superior advantages of the sick-chamber especially set apart for communicable diseases. Free ventilation is urged. The observations of M. W. Power have also shown that during the almost absolute stillness of the deposit of dew and hoarfrost particulate matter is most actively disseminating itself through the atmosphere, and further suggested the best modes of obviating such meteorological phenomena. The medical profession would do well to adopt speedily the measures recommended by a committee on disinfection of the American Public Health Association. The conclusions arrived at by this committee show the complete efficacy, both of the heat methods and the chemical disinfectants, to free the atmosphere from air-borne organic impurities and from micro-organisms, and from organisms causing diseases. So long as the efforts of mycologists to isolate the specific organism causing typhoid fever and cholera are unavailing, conclusive results cannot be expected from water-analysis. But that impure water is frequently responsible for outbreaks of the above and other diseases is no longer problematic; the subject can now be studied

only from the side of practical experience. Finally, the lecturer pointed out the superior advantages of the bill recently introduced into the House of Representatives, having for its object the establishment of a National Health Bureau.—*Cincinnati Medical Journal*.

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**THE PROPER RELATION OF VERSION AND EXTRACTION IN POINT OF TIME.**—It has been held by some authors that after version from either transverse or cephalic presentations it is better to wait for a time before proceeding to the manual extraction. Or, in other words, that in cases in which malpresentations require correction, it is better to do pelvic version (externally or bimanually) before the os fully dilated, and then wait for full dilation before proceeding to the extraction, if such interference is necessary. With a view to demonstrating the inadvisability of this separation of the two operations in point of time, Winter has analyzed the material of the Royal University Clinic in Berlin from 1876 to 1884, and collected three hundred cases of simple, uncomplicated transverse positions of full-term living children. From the examination of this material he has come to the following conclusions:

1. The teaching that version and extraction should not be performed in immediate succession arose from the false supposition that the footling case produced artificially by version has the same prognosis as the same presentation occurring naturally.

2. The earlier and generally adopted practice of performing version as soon as possible after the escape of the liquor amnii rests on the fear of the intra-uterine death of the foetus, and especially of the increased difficulty of version after longer waiting.

3. Foetal death does not occur alone from the premature escape of the liquor amnii, but only when tympanites uteri, unduly powerful pains, or tonic uterine contraction complicate the case.

4. Version cannot be rendered difficult by waiting until the dilatation of the os, for the dangerous thinning of the lower

uterine segment does not occur until the expulsive stage; nor, again, does the ordinary clonic uterine contraction cause trouble in turning. Tonic uterine contraction, however produced, is a pathological condition, which is always to be avoided.

5. In normal cases children bear version and immediate extraction with safety.

6. Waiting after version before proceeding to extraction is very dangerous for the child, which often dies in utero, or is saved only by speedy extraction.

7. The causes of foetal death are injuries to the cord during the version, separation of the placenta, and entrance of air into the uterus.

8. Whether the membranes are ruptured or unruptured, version should not be performed until the extraction can be immediately proceeded with.

9. Only a definite indication, such as placenta prævia, prolapse of the cord, beginning infection, imminent asphyxia of the child, great thinning of the lower uterine segment, pure inertia uteri, demands early version, that is, before dilatation of the cervix, and then for the most part in the interest of the mother.—*Boston Med. and Surg. Jour.*

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WHAT THINK YOU OF IT?—On my return home from New Bern, where the State Medical Society and Board of Medical Examiners met, I fell in with Dr. W. Strudwick, Hillsboro, who told me that before the late war between the States, when slaves were owned by the most of the planters, there was a favorite negro who got hurt in some way, and afterwards got his feet and legs wet, which resulted in a case of trumatic tetanus. His father, who was a physician, and himself, were called to see the man. His father had an ounce of quinine wrapped up in a blue paper. He measured out ten grains and gave the negro, and then measured ten more as a simple dose, instructing the lady—his mistress—to give him that quantity every hour until they returned. The lady was taken very sick, and when the time

came for the negro to have the medicine she told her husband to go in and give it, that it was in a blue paper. He overlooked the small paper and gave the negro what was in the large one—two hundred and sixty grains—at one dose. When the doctors returned the next morning, they found him resting well, and very wet with sweat, and to their astonishment all symptoms of tetanus were gone. His recovery was rapid, and there were no bad effects following the unreasonably large dose of quinine.

Since that time, he said, he had treated two other cases of traumatic tetanus with success, giving each *one hundred grains* at a dose, repeating every hour until the symptoms gave way. He stated that he had never had any bad symptoms to follow the administration of this quantity in a case of traumatic tetanus.

I asked him if he had ever published these facts and he said he had not.

The doctor stands very high in the estimation of the people and the profession where he is known, and is regarded as strictly reliable.

Now, what do you think of his treatment? Some of our most useful knowledge has been discovered accidentally. It was an accident that led Dr. Marion Sims to invent his Duckbill Speculum—so of many other discoveries. Now, if one hundred grains of quinine can be given at a dose, and a like dose repeated every hour until three hundred grains have been given (as was done in one of his cases), without any bad effects, it is certainly something new in the administration of that particular drug.

Another question naturally arises: "Will any other disease bear such large doses, or does it act in this particular disease as whisky does in the bite of a snake? It is known that in dangerous snake-bites men have drunk as much as a quart of strong whisky without intoxication or any serious effects. Then, may not a man suffering from traumatic tetanus bear quinine in like proportion? If quinine in such unreasonably large doses will cure traumatic tetanus, the profession ought to know it, hence my object in this communication, beside they are greatly indebted to that mistake for this knowledge.—J. A. Reagan, A.M., M.D., Weaverville, N. C., in *Philadelphia Med. Summary*.

**REMARKS ON THE USES OF PAPINE.**—In the practice of medicine we are often called upon to treat patients who possess a peculiar idiosyncrasy as to the effects of opium or any of its preparations.

During January, 1886, I was called to see a lady suffering with acute peritonitis. She assured me that she could not use opium, as she had tried it previously. But I gave her one-eighth grain of morphia sulphate and one one-hundred-and-twentieth grain of atropia sulphate hypodermically, and in a few minutes the depressing effects were noted, both upon the respiration and circulation; the pupils also became visibly contracted. I then tried the various usual substitutes for morphia in succession, but to no effect. I determined to try Papine; but not being able to give it by the mouth on account of nausea, and as she objected to the use of the hypodermic needle, I gave her two drachms per rectum, and repeated it in one hour. The result was that she sank into a quiet, peaceful sleep, which lasted for several hours. During the remainder of her sickness I gave her Papine, with the most gratifying result. As soon as her stomach would retain it, I gave it to her by the mouth in one-drachm doses.

I have also used Papine in a case of uterine cancer in lieu of morphia. In cases where patients have been taking morphia until it has lost its anodyne influence Papine is well adapted.

Some time ago (in absence of the family physician) I was called to see a lady one night in great haste who was suffering with malignant disease of the uterus. On my arrival the nurse informed me that she had given her a grain of morphia, with suitable percentage of atropia, every hour for five or six hours, and during the intervals she had given her chloroform, but to no effect whatever. Accordingly, I gave her xxx min. of Papine with eighth grain morphia sulphate, repeating it in fifteen minutes, and in a short time she fell asleep and slept for six hours, which was more than she had slept at a time for months.

In pneumonitis, pleuritis, and bronchitis I have found Papine to answer an excellent purpose. In dysentery it is useful both as an anodyne and in relieving the tenesmus. In the diarrhoea of children I combine with it bismuth subnitrate and prepared

chalk. I have used it also in cystitis. In neuralgia, when I wish an anodyne, I use Papine. As an anodyne it is equal, if not superior, to morphia, and I have never yet seen any unpleasant effects from its use. As a hypnotic I find it to be an agent of great value.

It is inferior to bromidia when we simply wish the effect of a hypnotic. But it fulfills the indications when we wish a decided anodyne as well as a hypnotic influence.

I trust that the readers of the *Virginia Medical Monthly* may give this drug a trial, as I feel that they will be amply repaid for their trouble.—Wm. J. Crittenden, M.D., in *Va. Med. Monthly*, August, 1886.

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THE CAUSATION OF PNEUMONIA.—In *Science* for August 27th Dr. Henry B. Baker, of Lansing, Mich., says: "In *Science* for August 13, 1887, p. 133, I notice a paragraph relative to results of observations by Dr. Seibert of seven hundred and sixty-eight cases of pneumonia, wherein it appears that pneumonia prevails to its greatest extent 'whenever there exists a low or falling temperature, with excessive and increasing humidity, and high winds.' This reminds me that readers of *Science* may be interested to know that facts respecting a very much larger number of cases, and respecting pneumonia in different parts of the United States, in England, and India—that is to say, in several climates and under different conditions—confirm to some extent the conclusions reached by Dr. Seibert, as mentioned by *Science*. Such statistics, presented by abstract at the last meeting of the American Climatological Association, demonstrate, I think, that the sickness from pneumonia is absolutely controlled by the temperature of the atmosphere. The higher the temperature, the less the sickness from pneumonia; and the lower the temperature, the more the sickness from pneumonia. This is equivalent to saying that that part of the conclusion of Dr. Seibert which relates to humidity is an error; because the absolute humidity of the atmosphere is, speaking roughly, directly as its temperature, and there is most sickness from pneumonia when, or soon after,

the air is driest absolutely ; and there is least sickness from pneumonia when, or soon after, the air contains the most vapor of water—that is, when the temperature is highest. The error of many who have written on this subject, and probably the error of Dr. Seibert, consists partly in calling the ‘per cent. of saturation of the air’ (technically known as ‘the relative humidity’) the humidity of the atmosphere. But the curve for ‘relative humidity’ is not, when inverted, the same as the curve for pneumonia, as you may see by comparing such curves, on the diagrams I prepared, based upon over twenty-seven thousand weekly reports of sickness in Michigan by observers in different parts of the State, and upon over one hundred and twenty thousand observations of the psychrometer during the same time—namely, the seven years, 1878–84. Relative humidity seems to have an opposite relation in the warm months to what it has in the cold months. The fact, which I think I have completely demonstrated, is that, in any given place wherever studied, pneumonia is quantitatively proportional to the coldness and dryness of the atmosphere ; and, as this is true for every month of the year, it follows that, if there is any pneumonia which is infectious, it is absolutely dependent upon those meteorological conditions for its action upon the human organism.

“In the paper to which I have referred I have advanced a theory of the causation of pneumonia consistent with the facts demonstrated ; and, briefly outlined, it is as follows : Air expired from the human lungs is nearly saturated with vapor of water at a temperature of about 98° F., and this contains about 18.69 grains of vapor in each cubic foot. The quantity of vapor exhaled is at all times greater than the quantity inhaled ; but when the air is very cold and dry, the quantity exhaled is excessive, as may be seen when we reflect that air at 32° F. can contain in each cubic foot only about two grains of vapor. The fluid which passes out from the blood into the air-cells of the lungs, and which normally keeps them moist, contains some of the salts of the blood ; and the chloride of sodium, not being volatile, is mostly left in the air-cells when the vapor passes out with the expired air. When the air inhaled is excessively dry (as it always

is when excessively cold), this salt collects in the air-cells of the lungs in considerable proportion. This is proved by my statistics, which show the increase of pneumonia at such times, taken in connection with the fact that chloride of sodium in the lungs is in excess in pneumonia, which was proved in 1851 by Lionel S. Beale, M.D., of London, England. Dr. Beale also verified the observations by Redtenbacher, made in 1850, that during the onward progress of pneumonia the chlorides disappear from the urine, and reappear when convalescence has been established. In the air-cells the chlorides are irritating when they become concentrated; but the exudation of fibrin, which is the most prominent condition in pneumonia, is probably favored by a fact in osmosis which is not generally well understood—namely, that albumin, which it is usually considered will not pass by osmosis, will pass through an animal membrane to a solution of chloride of sodium. ‘Thus the causation of pneumonia by the inhalation of cold dry air seems to be completely worked out. As a cause of deaths, pneumonia is one of the most important diseases. It is hoped that its prevention may now begin.’”—*New York Medical Journal*.

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**CALOMEL IN CARDIAC DISEASE.**—Pro. Stiller, of Budapest, reports in the *Wiener Medicinische Wochenschrift* on his experience in heart disease with dropsy with calomel, the diuretic effects of which were announced by Jendrassik recently. He did not observe the telling effects that Jendrassik claimed to have accomplished. Still the effects observed were so prompt and satisfactory that Stiller expressed the conviction that the remedy will attain and hold an important place in the therapeutics of heart disease. One of his cases was that of a male, 68 years of age, with mitral incompetence, chronic endo-arteritis, œdema, ascites, dyspnea. He passed 900 cc. of urine in twenty-four hours. Calomel was given in six-grain doses three times a day. In the succeeding twenty-four hours, 1900 cc. of urine was voided. The calomel was given with opium thereafter, or entirely left off for a day or two, whenever diarrhœa became excessive. After this



treatment had been followed for about a month, both œdema and ascites had vanished; no dyspnea; the liver that had been enlarged by passive congestion had receded.

Stiller recommends calomel in cardiac dropsy as an efficient diuretic and hydragogue of more rapid and telling effect than digitalis. Diuresis is fully established after three or four days; then the remedy should be stopped, and taken up again after the abundant excretion of urine becomes diminished. He is of the opinion that the influence is not exerted by a direct action upon the heart or kidneys, but rather due to stimulation of resorption of the transudates.

If diarrhœa becomes too profuse, opium should be added; thereby the diuresis is not reduced. Stomatitis rarely develops.

In advanced cases, where feebleness is marked, calomel is contra-indicted.

The remedy can never replace digitalis, in that it is of no influence upon the heart muscle. The two remedies may, however, be employed, side by side, with every prospect of good effect.—*Weekly Medical Review.*

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INTERNATIONAL CONGRESS.—The subject of public and international hygiene is likely to occupy an important place in the discussions of the Ninth International Medical Congress, or rather of its Fourteenth Section. We are glad to see that Mr. Simon is anxious to attend the Congress and take Vice-Presidency of the Section. Mr. Simon, indeed, speaks in his letter responding to the invitation with some doubt as to his power to attend, but with a clear intimation of his desire to do so. Dr. B. W. Richardson and Dr. Thudicum both reply in most cordial terms to similar invitations, and accept a similar office. To those who know the imperfect health which Mr. Simon has lately experienced, the significance of his conditional acceptance is very great. The promoters of the Congress will take this as a sign of British good will toward their great and responsible undertaking. The important subject of international quarantine is to be raised by the President of the Section—Joseph Jones, M.D., of New

Orleans. We could send to the discussion of such a subject no greater authority than Mr. John Simon. We are glad to be able to report a very general desire among leaders in London to be present in Washington in 1887. Whatever hesitation they felt sometime ago in view of the divided state of feeling in America is now steadily giving place to a desire for the success of the Congress, and a wish to do any thing they can to further it. We feel quite justified in saying that our best men in England and Scotland are preparing to go if they get any indication that their presence will be acceptable. Sir. Andrew Clark, Sir Spencer Wells, Professor John Cheyne, Professor Fraser, and, we believe, Sir William Turner, are all, according to our information, likely to go. It is not America alone that is interested in the success of the meeting at Washington, but the profession throughout the whole world, and we might add the world itself. When our profession meets internationally it is of good omen. We not only stimulate fraternity and scientific rivalry amongst ourselves, but every thought in advance and every medical discovery is a great boon for the human race, and for all nations. We urge on members of our profession in the empire to strain a point to be at Washington on or before September, 1887, where, if report is to be trusted, a very hospitable reception awaits them.—*London Lancet.*

THE PROPER USE OF ERGOT.—Dr. F. H. Potter read a very excellent paper before the Buffalo Obstetrical Society on this subject, which is published in the *Buffalo Medical and Surgical Journal* for September. He closes with the following conclusions:

1. Ergot is a drug which in any of its preparations tends to deteriorate rapidly, and should never be used, excepting when prepared from a pure and fresh specimen.
2. It is a stimulant to the tubular and non-striated muscular structures of the body, causing them to contract.
3. It acts especially upon the muscular structure of the uterus, throwing it into a state of tonic spasm.
4. Its action on the uterus is, however, uncertain; sometimes it contracts the entire organ, at others only a small part of it.

5. If the entire organ is contracted, labor may be delayed through the rigidity of the os, and the child destroyed by the interference of the placental circulation.

6. Or the contractions may be so powerful as to force the child at once into the world, causing any or all of the lacerations of the soft parts of the mother.

7. The life of the child may be endangered also through absorption of the essential oil of ergot.

8. If given after the birth of the child, and before the expulsion of the placenta and membranes, it may prevent the removal of the latter, and thus be indirectly a cause of puerperal septicæmia.

9. It may act in a similar manner in cases of abortion, actual or threatened, and cause a similar result.

10. The proper use of ergot in obstetrical practice is limited to those cases in which, after the expulsion of the placenta, the uterus refuses to contract, or having once contracted, shows a tendency to secondary relaxation. Even in these cases, however, reliance should not be placed upon it alone, but its action should be supplemented by the other means used to provoke uterine contraction.

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**THE TREATMENT OF OTORRHOEA.**—Common as otorrhœa is very few physicians understand how to treat it intelligently and properly. The treatment is very simple, and nothing is more satisfactory in its results.

Supposing that the otorrhœa is uncomplicated with fungus granulations or polypi, the ear is first cleansed with a syringe and warm water. Then it is to be dried out thoroughly by twisting a soft rag and passing it down to the bottom of the meatus, so that it will absorb all moisture from the ear. Next sufficient boracic acid is put into the ear and worked down upon the drum so as to cover its surface. The powder should not be packed down upon the drum. It is allowed to remain there twenty-four hours, when the ear is again syringed, dried out, and the powder reapplied as before. The treatment must be repeated daily until

all suppuration ceases. After that twice, or even once, a week is often enough to repeat the application. The dry powder must be applied to the ear for two or three weeks after all suppuration has ceased. This is the treatment of uncomplicated otorrhœa in a nut-shell, and the result is nearly always very satisfactory. I have the common acid rubbed in a mortar till it assumes a granulated form, like granulated sugar, and use it in preference to the minuter powder of different firms, because it goes down to the bottom of the meatus easier, and does not hang to the walls so persistently as the fine powder.—*Canada Med. Record.*

**BEECHER ON DOCTORS.**—Good, earnest doctors are too busy to find time to slander their brethren or their rivals. It is all the same with ministers, lawyers, and teachers. The truly good and truly great do not detract from the reputation of others; they are generous and magnanimous even to rivals. If your doctor flatters you and humors your lusts and appetites, and helps you out of a bad scrape secretly, without reproof, as if you had done no wrong, distrust him. If you can hire him to do or say what he would not do without the hire, beware of him. Good doctors cannot be bought. Your doctor ought not to be a single man. He ought to have a wife and children, and if you see that his wife respects him and his children obey him, that is a very good sign that he may be trusted. If your doctor tells you how to keep well, that is a good sign. You come to him with toothache; he gives you creosote and clove oil for the tooth, and at the same time suggests that you do not wash enough to keep well, that is a good sign. If the children like him, that is a good sign. If you find him reading in his office, that is a good sign, and especially if he be a settled, middle-aged man. If you hear him say, "I once thought so and so, but I was wrong," that is a good sign. If the doctor is neat and handy in rolling pills and folding powders, that is to his credit as a surgeon. If he understands how to bud roses, graft fruit-trees, mix strawberry pollen for improved berries, cure chicken pip, and tinker a trunk lock, or put a clock in order, all these are so much to his credit. If

further, you love to meet him, the sight of him quickens you, and you are glad to hear him chat, and you know him thus to be a loveable, sympathetic man—he's the man for your doctor, your confidential friend—find him, trust him.—*Medical Advocate*.

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**THERAPEUTICS OF DELIRIUM TREMENS.**—Prof. Leudet, of Rouen, in a valuable article in *La Normandie Medicale*, gives a résumé of twenty-two years' hospital practice in the treatment of delirium tremens. He says that long ago he gave up the indiscriminate use of opium and its alkaloids, as doing more harm than good. The mortality, which while using opium was 16 per cent. of all cases received, fell to 6 per cent. after the abandonment of the routine opium treatment. In the commencement of an attack he now makes use of an infusion of quinquina (from 60 to 90 grains to the pint). This is given freely, is well borne, and seems to cut short an attack. Bromide of potassium and chloral hydrate are both valuable drugs, rendering real service in quieting nervous symptoms and producing sleep. The Professor concludes with Gairdner that where opium is used to the extent recommended by some practitioners, the patients as frequently succumb to the toxic effects of the remedy as they do to the delirium itself.—*St. Louis Medical and Surgical Journal*.

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**ALKATRITS**, alkametric granules, and alkadermic pellets are names applied by Messrs. Frederick Stearns & Co., of Detroit, to certain new pharmaceutical preparations devised by them. An alkatrit (the word being coined from *alkaloid* and *trituration*) is described as a trituration of an alkaloid with a mixture of milk sugar and cane sugar, an alkametric granule is a small pill made from a similar trituration, and an alkadermic pellet is a compressed pellet for hypodermic use. Notwithstanding the formation of the word alkatrit, it is applied to triturations of glucosides as well as to those of alkaloids. An alkassayed fluid is the name of a fluid extract of a definite alkaloidal strength, a cubic centimetre being the equivalent of a gramme of a drug of assayed strength. We have received specimens of a number of

# HORSFORD'S ACID PHOSPHATE

vs.

## DILUTE PHOSPHORIC ACID.

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The attention of the profession is respectfully invited to some points of difference between Horsford's Acid Phosphate and the dilute phosphoric acid of the pharmacopœia. Horsford's Acid Phosphate is a SOLUTION OF THE PHOSPHATES OF LIME, MAGNESIA, POTASH, AND IRON IN SUCH FORM AS TO BE READILY ASSIMILATED BY THE SYSTEM, and containing no pyro or meta-phosphate of any base whatever. It is not made by compounding phosphoric acid, lime, potash, etc., in the laboratory, but is obtained in the form in which it exists in the animal system. Dilute Phosphoric Acid is simply phosphoric acid and water without any base. Experience has shown that while in certain cases dilute phosphoric acid interfered with digestion, Horsford's Acid Phosphate not only caused no trouble with the digestive organs, but promoted in a marked degree their healthful action. Practice has shown in a great variety of cases that it is a PHOSPHATE WITH AN EXCESS OF PHOSPHORIC ACID that will better meet the requirements of the system than either phosphoric acid or a simple phosphate. "Phosphorus," as such, is not found in the human body, but phosphoric acid in combination with lime, iron, and other bases, *i. e.*, the phosphates, is found in the bones, blood, brain, and muscle. It is the phosphates, and not the simple phosphoric acid, that is found in the urine after severe mental and physical exertions or during wasting diseases.

We have received a very large number of letters from physicians of the highest standing, in all parts of the country, relating their experience with the Acid Phosphate, and speaking of it in high terms of commendation.

Physicians who have not used Horsford's Acid Phosphate, and who wish to test it, will be furnished a sample on application, without expense, except express charges.

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**RUMFORD CHEMICAL WORKS,**  
**PROVIDENCE, R. I.**

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**BEWARE OF IMITATIONS.**

# PHOSPHORIZED ELIXIR

OF

## CALISAYA BARK AND IRON.

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Each dessertspoonful contains—

Free Phosphorous, gr. 1-100.  
Total Calisaya Alkaloids, gr.  $\frac{1}{2}$ .  
Pyrophosphate of Iron, gr. i.

This is the only preparation containing in solution **Free Phosphorous, Pyrophosphate of Iron, and Calisaya Alkaloids.**

It is the only Elixir of Calisaya which contains an effective proportion of Alkaloids.

The proportion of these Alkaloids is *invariable*—of Quinia, Quinidia, Cinchonina, Cinchonidia, and Chiniodine. The exhibition of a given dose of these Alkaloids **in solution** with agreeable pungent aromatics, produces more emphatic and certain results than the same dose in the pill or powder form.

It is the only preparation extant containing Phosphorous in solution. A dessertspoonful actually forms a very effective dose of the combined remedies for an adult.

It is a beautiful bright amber-colored elixir, acceptable alike to the taste and to the stomach.

As a tonic in convalescence from fevers and debilitating diseases; as a brain and nerve tonic and invigorant, these remedies have long enjoyed high repute. As combined in this "PhosphORIZED Elixir" (Fairchild), better results may be anticipated than from any other form in which they are prepared.

It is important to specify Fairchild's, owing to the great number of similarly named but valueless "Elixirs of Calisaya."

**FAIRCHILD BROS. & FOSTER,**  
82 and 84 Fulton St., New York.

these preparations somewhat suggestive of "dosimetry," and they produce the impression of having been very carefully made. We do not doubt that they will be found convenient and conducive to accuracy of dosage.

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**BISMUTH SUBNITRATE IN FOETID PERSPIRATION OF THE FEET.**—Vieusse (quoted in *Practitioner*, May, 1886) draws the following conclusions:

1. Profuse perspiration of the feet, whether accompanied by pain or foetidity, is easily cured by the application, with slight friction, of subnitrate of bismuth upon the diseased parts.

2. In opposition to the opinion generally held, according to which the suppression of exaggerated perspiration may produce numerous accidents of metastasis, observation shows that the cure of this affection has not been followed by any unfavorable results, and that if these are observed they should be attributed to other methods of treatment hitherto employed.

3. In the cure of this disease subnitrate of bismuth appears to exercise a purely local action, rendering the superficial cuticular structures firmer and more resistant.

4. In certain cases the remedy suppresses only temporarily the profuse perspiration of the feet, but causes the foetid odor, as well as the pain, which is the consequence of the exaggerated secretion, to disappear permanently.—*N. Y. Medical Journal*.

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**REED & CARNRICK'S DIET TABLES.**—We have received a handy little pocket-book, issued by Messrs. Reed & Carnrick, giving diet lists suitable for cases of Bright's disease, chlorosis, cholera infantum, chronic rheumatism, constipation, diabetes, diarrhoea, dyspepsia, fevers, gout, nervous affections, obesity, phthisis, also a general list for the sick, and one especially suited to infants. The arrangement is simple, and the lists seem judiciously made up. For hasty reference the little book will doubtless prove very serviceable.

3 S. P.



**EFFICIENT SEDATIVE COUGH MIXTURE.**—When Dr. H. C. Wood recommends any thing, it is a guarantee of its merit; hence we take the following from the *Therapeutic Gazette* :

**R.** Potassi citratis.....3j.  
 Succi limonis.....3ij.  
 Syr. ipecac.....℥ss.  
 Syr. simplicis, q. s.....ad. 3vj.

**M. Sig.**—A tablespoonful from four to six times a day.

When there is much cough or irritability of the bowels, paregoric may be added.

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**THE AMERICAN RHINOLOGICAL ASSOCIATION** will hold its Fourth Annual Meeting in St. Louis, Mo., October 5th, 6th, and 7th inst. The following is the list of active officers of the Association: President, A. DeVilbiss, M.D., Toledo, Ohio; First Vice-President, J. A. Stucky, M.D., Lexington, Ky.; Second Vice-President, Carl H. Von Klein, M.D., Dayton, Ohio; Recording Secretary and Treasurer, P. W. Logan, M.D., Knoxville, Tenn. From the programme before us a most interesting meeting may be expected, and the hospitalities of the good city of St. Louis, the enterprise, energy, and courtesy of her medical men, will make this an attractive, interesting, and successful meeting.

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**PROF. BARTHOLOW** recommends salicylic acid for removal of bile pigment from the blood, says the *American Medical Digest*, after the cause of the jaundice has been removed. Its action is prompt and satisfactory.—*N. C. Med. Jour.*

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**CONVULSIONS** may frequently be cut short like magic by turning the patient on his left side. The nausea as an after effect of chloroform or ether narcosis may be generally controlled in the same manner.—*St. Louis Med. and Surg. Journal.*

## *Reviews and Book Notices*

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INDEX CATALOGUE OF THE SURGEON GENERAL'S OFFICE, U. S. A.  
Authors and subjects. Volume VII. Insignares Leghorn, Pp.  
959. Cloth. Government Printing House, Washington, 1886.

The seventh volume of this magnificent and very important publication issued for the War Department by the United States Government, is quite in keeping with its predecessors. The importance of this great work becomes more and more apparent as each succeeding volume is issued, and as each successive year is added to year the gratitude of the medical profession, and through them the debt of the world at large, to its originators and those instrumental in its publication, materially increases.

The vast scope of the Library of the Surgeon General's Office, and its completeness, being one of the largest and most complete in the world, makes its index catalogue as full an index as it is likely will even be needed by any one interested in what has been written or published in medicine and surgery.

The seventh volume, beginning Insignares, extends to the word Leghorn, and includes 14,688 author titles, representing 5,987 volumes and 12,372 pamphlets. It also includes 6,731 subject titles of separate books and pamphlets, and 34,903 titles of articles in periodicals.

The entire seven volumes now issued and in the hands of medical men, embraces 73,574 titles, 39,252 volumes, 59,697 pamphlets, 70,513 book-titles, 254,057 journal articles, and 4,335 portraits, showing an immense amount of labor on the part of those engaged in its preparation. Verily can Dr. Billings say that he has not lived in vain.

This list of the abbreviations of titles of periodicals and collective works used in indexing, which is prefixed to the seventh volume, is a consolidated list of all the abbreviations used in the

first seven volumes of the catalogue. This has been prepared to obviate the necessity of consulting in some case, several volumes in order to determine the precise scope of a given abbreviation.

TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF TENNESSEE, 1886. Fifty-third Annual Meeting. 8 vo., paper, pp. 176. Printed by the Society. Hasslock & Ambrose, printers.

The fifty-third annual volume in addition to the report of the proceedings of the last meeting, held at Memphis, April 6th, and 7th, 1886, contains the address of the President on the subject of Therapeutics, as well as essays on Typho-malarial Fever, by Drs. R. B. Maury, of Memphis; Deering J. Roberts, of Nashville, and T. J. Happel, of Trenton; Abdominal Pregnancy by Dr. J. B. Murfree, of Murfreesboro; Rapid Administration of Ether, by Dr. G. C. Savage, of Nashville; Fracture of Right Parietal Bone, by Dr. J. C. P. Walker, of Dyersburg; Iritis, by Dr. A. G. Sinclair, of Memphis; Diseases of the Eye of Malarial Origin by Dr. J. L. Minor, of Memphis; Intussusception by Dr. S. T. Armstrong, of Memphis; Supra-pubic Aspiration by Dr. J. W. Maddin, Jr., of Nashville; Gun-shot wound of the Eye, by Dr. T. R. Meux, of Stanton; Cases in Gynecological Practice, by Dr. T. J. Crofford, of Memphis; Epi-scleral Abscess, by Dr. T. J. Happel, of Trenton; Exophthalmic Goitre, by Dr. T. L. Maddin, of Nashville; Fibris Puerperalis by Dr. Jacob Deutsch, of Memphis; Carbuncle, by Dr. G. C. Savage, of Nashville; Traumatic Aneurism, by Dr. J. T. Faucett, of Idaville; Plastic Operation on Eye-lid, by Dr. J. L. Minor, and Consultations, by Dr. Thad. Donohue, of Memphis.

In addition is the Code of Ethics, the Constitution and By-laws of the society, and a list of diseased and living members of the society.

The volume, in its subject matter, is quite up with those that have preceded it; the paper, press-work, and mechanical execution are excellent. It was, however, rather later in putting in its appearance than should have been. There is no reason why the Transactions should not be ready for distribution within sixty days or less after the meeting.

**ELECTROLYSIS, ITS THEORETICAL CONSIDERATION, AND ITS THERAPEUTICAL AND SURGICAL APPLICATIONS.** By ROBERT AMORY, A.M., M.D., Member of the Massachusetts Medical Society, Fellow of the American Academy of Arts and Sciences, Fellow of the American Academy of Medicine, etc. Octavo, pp. 314. Illustrated by nearly one hundred fine wood engravings. Supplied only to subscribers for "Wood's Library of Standard Medical Authors" for 1886 (12 vols., price, \$15), of which this is Vol. VIII. New York: William Wood & Company.

In presenting this short treatise on electrolysis, the author is well aware that the subject is by no means discussed with a view to the final determination of the causes under which this display of electrical energy performs its operations. Yet he believes that many new facts and explanations of those previously recorded are not at variance.

It is difficult to understand the action of electricity in biological and physiological relations without first properly understanding the principles of chemistry and physics, which control the manifestations of this great physical force. Neither can we expect to grasp the great truths which underlie the action of electricity upon living tissue unless a comprehensive view be presented of the natural laws which affect the construction and destruction of these living tissues.

It is hoped that the limits of therapeutical application are suggested in its pages, so that the physician may know how to apply electricity to the human structures in a rational way, with the expectation that the results of this application shall not be entirely empirical, and to withhold its application in those cases of diseased tissues which are not amenable to its favorable action.

In consequence of this view of the subject of the so-called action of electrolysis upon living tissues, it was deemed wise to begin the treatment of the subject with a statement of the principles of physics as applicable to electrolysis, and afterward to present these applications in the treatment of diseases. On this account much elementary matter is brought forward, which, it is hoped, will enable the reader to follow more clearly the train of

thought as presented by the writer. We are well aware that very many of the principles of electricity have been omitted, but with the more general knowledge held by physicians of the modern day, it would be wearisome and useless to repeat those which are more clearly presented in many of the well-known treatises on this subject.

**DISEASES OF DIGESTIVE, URINARY, AND GENERATIVE ORGANS.** Illustrated by one hundred and six fine wood engravings. Being Volume II. of the Handbook of Practical Medicine. By DR. HERMANN EICHHORST, Professor of Special Pathology and Therapeutics, and Director of the University Medical Clinic in Zurich. This is Vol. II. of Wood's Library for 1886. New York: William Wood & Co.

The June number of Wood's Standard Library, we know, will be highly appreciated by those who are fortunate enough to secure a copy. It is fully in keeping with the valuable numbers that have preceded it. The following subjects are very fully and most satisfactorily considered: Part I. Diseases of the Buccal Cavity and Salivary Glands, the Soft Palate, and the Pharynx; II. Diseases of the Oesophagus; III. Diseases of the Stomach; IV. Diseases of the Intestines; V. Diseases of the Liver; VI. Diseases of the Pancreas; VII. Diseases of the Peritoneum. The second edition contains: Part I. Symptomatically Important Changes of the Urine; II. Diseases of the Renal Parenchyma; III. Diseases of the Renal Pelvis and the Ureters; IV. Diseases of the Bladder; and V. Diseases of the Male Sexual Apparatus. The work is excellently illustrated, and is completed by a very full index.

**MANUAL OF DIFFERENTIAL MEDICAL DIAGNOSIS.** By CONDUCT W. CUTLER, M.S., M.D., Physician to the New York Dispensary; Assistant Surgeon to the New York Hospital, out door department; late House Physician to Bellevue Hospital, etc. 16mo., pp. 161. G. P. Putnam's Sons, publishers, the "Knickerbocker Press," New York and London. 1886.

In this excellent little manual the author contrasts the symptoms of diseases that are most likely to be confounded one with

the other, and has chosen such symptoms as will most readily call forth a correct differential diagnosis. Although not relying on any one symptom as diagnostic, he has limited himself to those that afford the most striking contrast, and thus avoids unnecessary multiplication and overburdening the memory. It will unquestionably be appreciated by students of medicine and young practitioners.

**SPINAL IRRITATION (POSTERIOR SPINAL ANÆMIA).** By WM. A. HAMMOND, M.D., Surgeon-General U. S. A. (retired); Professor of Diseases of the Mind and Nervous System in the New York Post-Graduate Medical School and Hospital, etc. Paper, pp. 80. (Physicians' Leisure Library). Geo. S. Davis, Publisher, Detroit, Mich. 1886. Price, 25 cents.

This distinguished authority on nervous diseases gives us in this compact little work seven chapters on the following subjects: History, Causes, Symptoms, Diagnosis, Prognosis, Pathology, and Treatment of Spinal Irritation.

In so common an affliction as spinal irritation, the observations and researches of Dr. Hammond are well worth many times the exceedingly moderate cost of this brochure.

**THE MODERN TREATMENT OF ECZEMA.** By HENRY G. PIFFARD, A.M., M.D., Clinical Professor of Dermatology, University of the City of New York, Surgeon to St. Elizabeth's Hospital, Consulting Surgeon to Charity Hospital, Consulting Dermatologist to the New York Infant Asylum, etc. Paper, pp. 54. (Physicians' Leisure Library). Geo. S. Davis, Publisher, Detroit, Mich. 1886. Price, 25 cents.

In this little brochure the author points out the chief clinical varieties of eczema, considers very thoroughly their ætiology, and indicates the principal remedies found useful in treating the disease, and the best manner of applying them.

## Editorial.

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### SANITARY—SUSPICIOUS CASES.

The following article, which we most heartily endorse, is from the *Nashville Daily American* of September 23d:

“The communication below is of interest to the general public as well as those immediately interested in sanitary matters. That Nashville is comparatively removed from the yellow fever district is not good reason for failing to keep fully informed upon a subject that remotely affects the entire State. In the western portion of Tennessee early and definite information of the presence of yellow fever at the gulf or ocean coast is of the greatest importance. The Tennessee State Board of Health is located in this city, and to this body with authority vested the people look with reliance. The question at issue is whether the boards on the coast shall report to the various State Boards of the South a merely suspicious case or wait till it shall have fully developed. A meeting of the State Board is, therefore, proposed to take this important matter up for consideration and positive definition.

“Now that all danger for this season has passed, the Tennessee Board of Health are of opinion that May next will be the best time to hold the proposed meeting. At what time should the public be informed of a first case of yellow fever developing upon our gulf coast, or a case that warrants reasonable suspicion that it may prove such in its later stages of progress?

“Widespread epidemics in every instance have their beginning in the first case, the medical profession remind us, and are prevented or not as restrictive measures are energetically and intelligently applied. Therefore, it is clear that the earliest notice possible should be given, and the health officer who withholds such information till it is beyond his control is in a criminal degree recreant to a very sacred trust. There is only one side to the question. The fullest information should be authoritatively transmitted to the various Southern Boards of Health, and that at the earliest moment. This much the public require, and

nothing less will satisfy. The President of the Louisiana State Board of Health has been commended with justice in reporting the 'suspicious' cases of yellow fever which recently occurred at Biloxi, on the gulf coast. The facts upon which he based his suspicions unquestionably existed at that time.

"The immense health and trade interests of the Mississippi valley can tolerate no quibbling on such a matter at such a moment, and the public should always have the facts without delay, and the benefit of all doubts.

"In this connection the following communication was received yesterday by the Tennessee State Board of Health, and which shows that this point is up for final settlement among the inter-State sanitary authorities :

"JACKSON, MISS., Sept. 17, 1886.

"Dr. J. D. Plunket, President Tennessee Board of Health :

"DEAR SIR—Your attention is respectfully invited to the following communication from the Board of Health of the State of Louisiana, which explains itself :

"Wirt Johnson, M.D., Permanent Chairman Sanitary Conference, Boards of Health of the Gulf States and Tennessee:

"DEAR SIR—Representing the health authorities of Louisiana, a party to the compact of June 3, 1884, I have the honor to submit to the Conference of Boards of Health the following official utterances, as published in the *Times Democrat* and *Picayune* of September 10, 1886: '——' confronted by these statements as set in direct anti-thesis to all the facts in the recent Biloxi occurrence as revealed to ourselves, the Louisiana Board of Health is compelled to make complaint of having been in this matter unfairly dealt with.

"Punctilious on its own part of the letter and the spirit of the compact to the extremest exaction of interpretation, not hesitating to brave public clamor and to confront the resentment incident to the disturbance of public quietude and vast commercial movements involved; in the face of every opposition, and daring every peril, the Louisiana State Board of Health, in conformity to a mutual obligation entered into between the States, has fulfilled to the uttermost not only the letter, but the spirit of the pledge. We have not hesitated to declare, even one case seriously suspicious of pestilential disease, knowing that the only hope of eradication is in the earliest recognition of such dangers, and the only means the instant isolation and disinfection of that



which even seems to be the spark of pestilence. Knowing full well that subterfuge would at all times seek an opening for escape, and that under the repressive dominance of private and selfish interest, there is no such thing as a case of actual yellow fever acknowledged and permitted to be reported as such until it may be proven by the unanswerable confirmation of its epidemic spread, this Board has fulfilled every obligation by timely announcing and enforcing precaution in cases dangerously suspicious of that disease.

"When the term suspicious, condemned under the ban of designing ridicule, shall have been suppressed, the bond of agreement between these States, created for mutual protection, will then not be worth the paper upon which it is written, and terrifying rumors, manipulated by the malicious and by speculators, will rule the public mind.

"Upon this word 'suspicious' rests the integrity and value of the compact. It is the essential spirit of confidence. While exacting of ourselves, it is necessary, for the sake of fairness, for the maintenance of confidence, and the preservation of the public welfare, that we shall not submit to that which we deem and hereby declare a violation of every principle of an agreement binding together under a pledge the States of the Gulf and Tennessee and the health authorities of the seashore counties of Mississippi, a separate organization, but party to the compact.

"Following inclination we would remain quiet, and under all conditions shall avoid the appearance of strife and of unseemly controversy, but it is behooveful to the maintenance of friendly relations and to the future prosperity of these States, in the continuance of a right understanding between their communities in a matter of so great importance, involving directly questions of the preservation of life and the least interruption of industry and commerce, that we shall not permit this action of the local health authorities in Mississippi to pass unchallenged. The harmonious relations and public welfare, not only of Louisiana, but every State vitality concerned in the management of pestilence, threatened or actual, and above all those States party to this pledge, demand a friendly but thorough investigation of the recent Biloxi matter, and an early adjudication of the serious difference which now exists.

"Rebuking the spirit of retaliation, of crimination, and recrimination, we, the health authorities concerned, owe it to ourselves, and,

above all, to the people of our States, that we shall perfect an agreement, in accomplishing which there is no need for controversy or show of personal animus of any kind.

"We would therefore earnestly recommend that at such time as would be most convenient to its members a convention of the Sanitary Conference of the Gulf States and Tennessee be called for the purpose of a readjustment.

"By order of the Board.

"With much esteem, your obedient servant,

[ *Signed.* ]

"JOSEPH HOLT, M. D., *President.*"

"In my opinion this conference should be held as recommended, and if agreeable to the bodies represented therein it is my purpose to call a meeting at a convenient date and place.

"An expression is respectfully requested from your Board as to the proposed conference, and if in your opinion it should be held, would request that you will suggest a date and place for same.

"I take the liberty of suggesting that an early date should be selected, and would propose the city of New Orleans as the place, it being the most accessible to the majority concerned.

"Please have the kindness to reply at your earliest convenience.

"Yours truly,

"WIRT JOHNSON,

"*Permanent Chairman Sanitary Conference Boards of Health of the Gulf States and Tennessee.*"

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### THE ACTION OF ALCOHOL IN DISEASE.

At a meeting of the Cincinnati Academy of Medicine, Dr. J. T. Whittaker in the chair, Dr. Shaller read a paper on the subject, "Is Alcohol a Necessity in Medicine?" advocating the negative side of the question, from which we make the following extract:

"Alcohol has a strong affinity for water and oxygen. Of its affinity for albumen we will not now speak. Beale and Richardson tell us of red blood corpuscles so deprived of their water by alcohol as to be dentated and even truncated. Under alcoholic influence, both the white and red globules move more slowly, becoming agglutinated and form themselves into rolls.

"Alcohol's affinity for oxygen is seen in the dark color of the red corpuscle. It unites with and consumes the oxygen, preventing it

from being carried into the tissues, where it is needed, both in health and disease, to unite with the products of digestion in eliminating force. Alcohol, by abstracting water from the corpuscles uniting with and appropriating their oxygen, impairs their activity and power to absorb oxygen in the lungs or waste products in the tissues. Whether this is an actual saving of tissues which can be calculated by pounds, as yet we have no very positive knowledge. In health the nitrogenous wastes do not depend upon the consumption or wearing away of tissues, but, as Fick and Wislicenus have shown, the nitrogen excreted during muscular efforts depends upon the amount of nitrogenous food consumed or ingested. In disease the quantity of food ingested is diminished, the power of assimilation and appropriation is interfered with, the tissues themselves are consumed to supply the force needed to sustain life.

"There can be no life without waste. Health depends upon a constant tissue change, with renewal of tissues and an elimination of the waste. Disease must result if either of the processes are interfered with. In disease there is greater need of the waste being expelled, and all rational treatment is to this end, viz.: obtaining a free secretion and excretion. Those who use alcohol for the purpose of checking tissue change simply attempt to lessen or retard it, in so doing the vitality of the most important cells in the organism is lowered and their functions interfered with, viz.: that of the red corpuscles as carriers.

"It is doubtful if it can be positively demonstrated that by alcoholic treatment one pound of tissue is saved. The amount of urea excreted is diminished. This may result from the digestion of food being interfered with, or the appetite for food being diminished, as often follows alcoholic drinking. The decrease in the amount of carbonic acid gas exhaled results from the absorbing power of the red corpuscles being partially destroyed.

"Fever usually runs a limited course. Without complications the waste is not so great as to interfere with the final recovery of the patient. Some lose ten, twenty, or forty pounds, and yet make good recoveries.

"There are many difficulties in the way of calculating how many grains of urea and carbonic acid gas represent one pound of tissue, and, after alcoholic treatment, determine how much less urea and carbonic acid there is in the excretions, and thus by calculation learn how many pounds of tissue may be saved.

"If we could state that the average weight of typhoid fever patients, when the temperature had returned to the normal standard, is greater when alcoholic medicines are used than when they are not used, we would have some positive data of positive value. Those who use alcohol in the treatment of typhoid fever claim to save tissue, retard cell growth and cell activity. Those who do not use alcohol, claim to save, not tissue and cells, but the whole patient.

"I regret that statistics are not greater, but, small as they are, they show that disease can be treated successfully without alcohol."

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#### MARRIED—FITE-STEPHENSON.

The following item we take from the Nashville *American* of September 20th :

"The event of greatest interest during the week was the marriage in Memphis, Saturday, of Dr. C. C. Fite and Miss Bessie Stephenson, of Dallas, Tex. The wedding was a private one, and owing to the ill health of the bride's mother, who is at Sulphur Springs, Tex., was consummated from the residence of relatives in Memphis, Maj. J. J. Murphy, whose wife is a connection of Mrs. Stephenson. Col. C. B. Stephenson, the bride's father, came up from Texas and gave the bride away. The family is one of social prominence. The young lady graduated at Ward's in this city four years ago, at the age of 14, and spent the year following in England. Since her return she has lived at Dallas, and has been one of its brightest belles. Mrs. Fite is of striking attractive personal appearance—tall, shapely and graceful, bright and entertaining in conversation, and of a warm Southern nature that wins one's interest and fixes her in the regard for all times. The fortunate groom is one of the best known of the younger men of the medical profession in this State, having filled several positions of trust. He was President of the Board of Health in his native town of Shelbyville before leaving there in 1882 to become Secretary of the State Board of Health, with headquarters at Nashville, which latter responsible position he filled with ability and good results, and was during six years Secretary also of the State Medical Society. He began several years since the special study of nervous and mental diseases, and in December was appointed Assistant Superintendent at the East Tennessee Asylum for the Insane, near Knoxville, where he and

his bride will reside. A number of Dr. Fite's medical associates and social friends, and a few friends of the bride were the only witnesses to the impressive ceremony at Calvary Church, performed by the Rev. Father Klein, Dean of St. Mary's Episcopal Cathedral."

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### HUMANITY RUN MAD.

The Society for the Prevention of Cruelty to Animals, imbued with fanaticism rather than zeal, have seen fit to swear out an indictment in the courts against one of the most progressive and earnest men in the medical profession, one whom we feel honored to call our friend, Dr. B. A. Watson, of Jersey City, N. J.

The occasion of this ridiculous persecution—for we cannot dignify it with the legal title of a prosecution—was that this earnest worker in the most humane of all sciences, in his efforts to solve certain problems not yet elucidated respecting railroad accidents and other injuries, put to death in a certain manner a number of useless and worthless dogs, his object being to benefit his fellow-man. His method of killing them was by letting them fall from certain distances.

We have been taught, and the world so holds, that everything on this globe is for man's use; and we do not consider that he abuses his privileges and his rights when he puts to death or in any other way uses a dog, a cat, rabbit, or other animal, for the purpose of relieving the sufferings or prolonging the life of his fellow-man, any more than when one kills an ox, a lamb, a chicken, bird, or other animal, fowl, or fish to nourish his fellow-man.

It would unquestionably be a cruel act for one of our Western cattle kings to slaughter several thousand of his own cattle at some far distant and thinly settled locality where they could not be used. But it is not an act of cruelty if the same number, or many times that number, are killed in a proper manner, and are used for feeding the multitudes of some of our great metropolitan centers. It is the abuse, not the use, of his privileges that constitute cruelty and inhumanity.

From the *American Lancet* we learn that Dr. Watson was not only indicted, but tried, convicted, and jailed. The following extract from this excellent monthly, one of our most valued exchanges, we most heartily endorse:

"The case is appealed, and we trust that the next court will have sufficient sense to recognize the fact that the Doctor should be rewarded

by the State for his service (1) in killing the useless curs, and (2) by using their death as a means of advancing the interests of humanity and the cause of science. Meantime the Doctor has the sympathies of the entire medical profession, who know his kind-heartedness and unselfish devotion to humanity and the medical profession. If that particular society has nothing to do, it had better disband and individually [soak its members' heads till an element of common sense should be developed therein."

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COMPARATIVE TESTS OF INFANT FOODS.—W. H. Rassman, M.D., Attending Physician, North Eastern Dispensary, and Late House Surgeon, Maternity Hospital, New York City, under date of August 1, 1886, reports as follows: "Impressed with the importance of the proper feeding of infants, I determined to make as thoroughly as possible a series of comparative clinical tests, both in the North Eastern Dispensary and in private practice. I obtained eleven varieties of food, using of each one or more packages, according to the duration of the case. I used as little medicine as possible, and took particular care to have the directions on each package of food carefully followed. Some foods I found absolutely worthless, if not injurious, containing undigested starch and other elements. Others seemed useful in simple mal-nutrition, but were too laxative and irritating in their action to be safe in intestinal derangements. The food, however, which in any and every case fulfilled all requirements was lactated food. In mal-nutrition it was 'a complete substitute for mother's milk,' acting in a way which charmed the mother, and was highly appreciated by the physician. In the exhaustion consequent on summer diarrhoea and enterocolitis, its effect was wonderful, filling out the emaciated body and checking the disease with little or no medicine. In cholera infantum, however, it achieved its greatest triumph, holding the disease in check in a grand manner, and finally restoring fully the lost weight and strength."

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BROMIDIA.—In the decline of life, when exhausted nature habitually repels the restorative influence of sleep, there is nothing so suitable to induce healthful repose as one-half to one teaspoonful of bromidia at bedtime. It may be taken for years in the same dose, with the same effect, and without detriment.

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# THE SOUTHERN PRACTITIONER.

AN INDEPENDENT MONTHLY JOURNAL,  
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## *Original Communications.*

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### TYPHO-MALARIAL FEVER.<sup>1</sup>

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BY

B. F. DUGGAN, M.D., UNIONVILLE, TENN.

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GENTLEMEN :—In the investigation of this disease I am placed at a disadvantage, from the fact that the subject was discussed at a former meeting of the Society, when it was not convenient for me to be present, and I did not hear the subject presented, or the opinions of the members about it.

In fever nomenclature this name is a hybrid. But experience and observation have demonstrated the existence of pathological conditions, I think, to justify the name.

The disease, it is thought, had its principal origin in the circumstances of the late war. The soldiers were exposed to malarial influences and imbibed malarial poison, and the crowded condition was calculated to produce typhoid fever.

The conditions presented in typho-malarial fever have been

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<sup>1</sup>An essay read before the Bedford County Medical Society, October 2, 1886.



presented under three heads—*malarial*, *typhoid*, and *scorbutic*. The malarial element predominates at the commencement; then the typhoid, and sometimes the scorbutic complication is present. The accession of fever may be somewhat abrupt, and the remissions tolerably distinct, but after awhile (perhaps a week) the remissions are not so clearly defined. Then the typhoid symptoms become more plainly developed.

Loomis calls it continued malarial fever, or Chickahominy fever. He says: "In its ætiological aspect it partakes more of the character of typhus than of typhoid. The term typho-malarial fever has been employed by one class of observers to indicate the presence of malaria and the specific poison of typhoid fever. By another class the term has been employed to indicate the presence of malaria and a *septic* poison. Many doubt the existence of such a form of fever, and regard the so-called typhoid element as nothing more than a *typhoid condition*, liable to be developed in connection with remittent fever, as well as many other diseases. The term typho-malarial fever is a convenient one for the first class of observers, and is one which can be employed by them without confusion; whereas to the second class of observers it is exceedingly objectionable, and gives rise to confusion. The fever is produced by the combined action of a septic and malarial poison." Wood (*Prac. Med.*) calls it "entero-miasmatic." Drake (on diseases of the Mississippi Valley) gave it the name of "remitto-typhus."

Wood, in 1847, stated that remittent or bilious fever, as it was then properly called, was sometimes of a low, adynamic character, from coöperation of a typhoid epidemic influence with miasmata."

Thus we find these eminent writers and practitioners of medicine very closely associated the malarial and typhoid elements in the same case.

*The morbid anatomy*, as we find it presented in the books, would require a post mortem by the attending physician to fully determine the morbid character of the organs implicated. For instance, the liver is increased in size, and its out surface presents a bronzed appearance, and resembles that known as the nutmeg

liver. Now, we may know that the liver is enlarged, tender, etc., but we cannot tell the color till there is a post-mortem examination. In the morbid anatomy there is much that would be interesting in an *autopsia cadaverica* for medical or legal purposes. The heart, the lungs, and the kidneys all play an important part in this fever.

*Ætiology.*—Of course it is difficult to determine the true ætiology of this fever. That the malarial poison is necessary for its development is certain, and it is equally certain that some other poison besides malaria is in operation when it prevails. It is usually met with in malarial districts. It is dependent, in a majority of cases, upon anti-hygienic conditions, in crowded and improperly-ventilated apartments, and where proper attention to cleanliness is not observed. It is not considered to be a *contagious disease*, either from personal contact or from excrements. In its morbid anatomy and symptomatology it is a combination of malarial and septic fever. I use the terms *septic* and *typhoid* in this connection as synonymous, and I believe they are so considered by writers upon this subject.

*Symptoms.*—It is difficult to present a true typical picture of this disease, from the fact that in different cases there is a variation of symptoms. The clinical history, as given by the best authorities, varies as the malarial or septic element predominates. And there may be scorbutic or dysenteric symptoms. Sometimes we have diarrhoea at the beginning, and frequently the reverse—a state of constipation. We find in the cases where the malarial element predominates, this type of fever is usually ushered in by a chill, sometimes very light, cold hands and feet; then again quite decided, lasting for perhaps an hour. The chill may be preceded by headache, loss of appetite, and a feeling of exhaustion, and in some cases a waxy or yellow tinge of the skin. The chill is similar to that of remittent fever, and is immediately followed by febrile symptoms, the temperature rising in a few hours to 102° to 104° or 105° Fah. The pulse 100 to 110; is full and strong. There is sometimes mental disturbance and delirium. The secretions, and even the excretions, are checked. At the outset the phenomenon closely resembles remittent fever, but the

remissions are not so clearly defined. The existence of abdominal tenderness in the right iliac fossa is a strong point in diagnosis. The tongue at first presents a flabby appearance, with a smooth surface; soon it becomes covered with a white or yellowish-white coat; later it becomes brownish, and in bad cases red, and suddenly clean and shining, and sordes collect upon the teeth and lips. In scorbutic cases the tongue is enlarged and flabby. As the disease progresses there will be changes in the temperature, and the pulse will vary from 100 to 110, 120, and 130, and sometimes even more, to the minute. In the *septic type* of the fever the prominent symptoms, such as lassitude, headache, pains in the back and limbs, resemble typical typhoid fever.

There are many symptoms present also of remittent fever, such as the chill and the fever following; temperature 102°, 104°, and 105° F.; and during the first week there are forenoon remissions, rather indistinct, and afternoon exacerbations. Sometimes more distinct every third or fourth day, and one of the symptoms is a well-marked hepatic tenderness, and occasionally enlargement of the spleen; and about the third week a jaundiced appearance of the skin and dryness. The urine diminishes in quantity and deepens in color. Diarrhoea may occur at any time. And in the cases following I will describe some of the conditions connected therewith; and here I will rest as to symptoms for the present, though not through. Drs. Elliston, Wood, and others present symptoms for almost every day of the case.

*Prognosis.*—I will again quote Loomis. He says: "The ratio of mortality in continued malarial fever varies greatly in the different regions in which it occurs; and as the malarial or septic element predominates, the hygienic surroundings of the patient, the range of the atmospheric temperature will very greatly influence the prognosis." This is my observation and experience. He says statistics of this fever in different localities and in different years give the ratio of mortality at from eight to ten per cent. This is my own experience; hence, the prognosis may always be made according to the severity or mildness of the case upon this basis. We may expect the prevailing type or character of disease to greatly influence the prognosis; and, if we have a feeble, fluttering pulse,

diarrhœa, continued hiccough, the diarrhœa having mucous, blood, etc., in the dejections, with dry, red tongue, cracked and fissured, drowsiness, with tendency to coma, and petechial spots on the surface of the body, epistaxis and bleeding from the lips, etc., the prognosis would be unfavorable; yet these bad cases sometimes recover.

I will report a few cases that occurred in my practice in 1882, most of which I am compelled to give from memory, as I was too busy to make notes of the symptoms and treatment daily. There were five cases in a small log-house of two rooms, about fourteen feet square, with a narrow hall-way; house on the ground, poor ventilation, and bad roof, and house quite damp when it rained; hygienic conditions very bad. These were negroes. George, about fourteen years of age; Jo, sixteen; Sam, ten; one girl about eighteen; and one eight. All presented a very decided appearance of malarial fever. Commenced with chill, followed by fever, hot, dry skin, tongue white-coated, head and backache, and limbs aching; temperature high. Do not now remember what it registered. Pulse from 100 to 130 to the minute. There was considerable change in the condition of the cases from day to day. Treated the malarial symptoms, which yielded to treatment well; but as the fever progressed the typhoid element was presented. George was confined ten weeks, and recovered; Jo, six weeks, same; Sam, four weeks; the oldest girl, six weeks; and, in defiance of hygienic surroundings the four recovered fully. The girl of eight seemed to do as well as the others for three weeks, and I was hopeful of her case. About this time she complained of her feet paining her, and that they were cold. On examination I soon discovered a darker shade above the ankle, and in a day or two we had a well-developed case of dry gangrene of both feet and one-third of each leg. This case proved fatal at the end of the fourth week.

At Mr. W.'s, about three hundred yards from the place where the negroes lived, there were four cases. Three of these cases had rubeolæ about one year previously, and all of them had diarrhœa, leaving the intestinal canal in a diseased condition. Two cases recovered, and two died. One a young lady, about fifteen

years old, Miss H. W., who, about the fourth week, was attacked with intestinal hemorrhage—*melæna*. The hemorrhage was excessive, black and clotted. She died about the end of the fourth week.

There were four cases at Mr. M.'s, in Unionville. All recovered in from four to five weeks, except one, Mr. Jell, a young man about twenty years old, who was confined ninety days, and made slow recovery. During the term of this sickness I noted forty-four cases, with four deaths. Four of the cases had intestinal hemorrhage, clotted and black blood; all recovered but one.

The treatment was varied according to symptoms. In the early stages of the fever, during the remissions, I gave quinine, and continued to do so as long as the remedy seemed to control the fever. When the temperature was high, and the pulse was strong and quick, I gave tincture of aconite. Skin dry, I sometimes gave sulpho-carbolate of soda, and other febrifuges, treating the intestinal lesion, tympanites, and other symptoms of typhoid fever with turpentine emulsion, with phenic acid or creosote as the case seemed to demand, with poultices, and sometimes blisters, etc. Occasionally tincture of ferri, quinine and ferri, and gave strict attention to hygienic regulations, all of which came properly in the course of treatment. Cleanliness in the sick-room, bathing the surface of the body with warm water, a change of clothing and of bed-clothes, and if convenient a change of bed, and make everything as comfortable as possible to the patient; attend to all little things that would please the sick one; give lemonade and other palatable drinks and stimulants when needed. The diet should be quite select and of good quality—fresh milk and milk-punch, and articles to build up and give strength to the patient. If not disposed to take food, give diet as medicine, and thus sustain the system till nature comes to your aid. This course has been successful in my hands. I had treated typhoid fever thirty ago, and when the typhoid symptoms made their appearance or predominated I gave the typhoid treatment. This was my course of treatment of the typho-malarial fever of 1882 and since, whenever I have met with cases of that character. I have lost no cases of this fever since 1882. Now, if my brethren of the medical profession will give me additional light upon the sub-

ject, I will be thankful for such information. I am conscious that some of you will differ with me in the nomenclature of this disease termed *typho-malarial fever*. To my mind the name presents no confusion; and whether it is a combination of the two elements in one disease, or whether one element is in a dormant state till the other expends its force and then develops a different fever or not, to my mind, I again say, there is no confusion in the name in connecting them together in one fever. That there is a malarial element and development in the case I think cannot be denied, and that there is a septic development is equally true, and the symptoms must be treated as they are developed. I may be wrong, but, like Old Galileo, when he said the world turned, I think there must be such a disease as *typho-malarial fever*, and must hold to it till the profession can give me a better name. I understand that Woodward went back on his own bantling, and gave comfort to the opposition; but when I am convinced that I am in error I will gracefully yield the point.

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### A MEDICAL WONDER.

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MR. EDITOR :—I met on an extended Western trip, from which I have just returned, a medical wonder in the person of a physician in his fifty-ninth year of *active* practice. He is Dr. T. J. Pollard, of Fayetteville, Ark. His history in brief is as follows : Born in Jessamine County, Ky., October 27, 1805 ; graduated from Transylvania University the spring of 1828, in the same class with McDowell ; graduated the same year of Gross ; practiced in Versailles, Ky., three years, and in Palmyra, Mo., from 1831 to 1839, when he began to suffer with hemorrhage of the lungs, for which cause he sought a milder climate, and located at Fayetteville, Ark., in the fall of 1839, where he has lived and practiced without interruption till the date I saw him, August 25, 1886. One hour before I saw him he had returned from an eight-mile trip in the country. Three weeks before I saw him he had amputated a leg at the upper third at Rogers, Ark., be-

cause of injuries received in a railroad accident, he being the surgeon of the St. L. and S. F. R. R. He travels his rounds either on horseback or in a buggy, as best suits the road over which his duties take him. Now, if there is another in the United States who equals or surpasses him for wonderful old age and *activity*, I would like for him to "show up;" not inquiring of the old broken down, chair or bed-ridden men, but active, every-day working practitioners, fifty-nine years at work, and sound in wind, limb, and intellect.

J. P. McF.

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### KALINE COMP. PILL.

It is with much pleasure I bear testimony to the satisfactory results obtained from the use of the Kaline Comp. Pill as a substitute for quinine in all cases in which that drug, from any peculiarity of condition of patient or temperament, is in its effects unpleasant. In chronic intermittent fever, and when the stomach and brain are intolerant of quinine, I have found it especially beneficial. I think this valuable medicine in the near future destined to supersede all rivals for the purposes above indicated.

Randolph, Ala.

J. W. BRAND, M.D.

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### LISTERINE.

Listerine has withstood the comparative clinical tests of the many officinal drugs recently classed as antiseptics in the natural progress of medical theories and laboratory observations, no one of which so happily combines the above qualities as this carefully prepared formula of Benzo-Boracic Acid with Vegetable Products and Ozoniferous Essences, all antiseptics and chemically compatible.

## *Societies.*

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### AMERICAN PUBLIC HEALTH ASSOCIATION—FOURTEENTH ANNUAL SESSION.

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The Association met in Shaftesbury Hall, Toronto, Canada, on Tuesday morning, October 5th ult., and was called to order by the President, Dr. Henry P. Walcott, of Cambridge, Mass.

Rev. H. M. Parsons opened the proceedings with prayer.

Between fifty-five and sixty members had registered with the Treasurer, Dr. J. Berrien Lindsley, of Nashville, Tenn.

Dr. Bryce, Chairman of Local Committee of Arrangements, made the usual announcements, informing the members, in connection with other statements, as to the hours of the entertainments arranged for the delegates and their ladies.

The Secretary presented the names of about thirty gentlemen from various parts of Canada, and a like number from the United States. These gentlemen having been recommended for membership by the Executive Committee, were duly elected.

Dr. J. Berrien Lindsley, Treasurer, presented his report, showing that during the past year the receipts amounted to \$5,472.43, including the following items: Balance from last year, \$1,095; from annual fees of members, \$1,720; from Mr. T. H. Lombe, \$1,903. The disbursements during the year amounted to \$4,386.65, including: For printing, binding, and distributing last volume of Transactions, \$1,197; Secretary's traveling expenses, \$62.45; Treasurer's traveling expenses, \$164; prize essays, \$1,903; leaving a balance on hand of \$1,085.78. The report was referred to an appropriate auditing committee.

A paper on "Destruction of Night Soil and Garbage by Fire," by Dr. George Baird, of Wheeling, West Virginia, was read by Dr. Reeves, of that city. The author stated that special conta-



gious and infectious diseases are propagated, and that many diseases are disseminated, by pollution of the air and drinking water. The health authorities of Wheeling have for several years been trying to devise a plan for so disposing of the substances as to protect their own citizens, as well as those of adjacent places. He contended that water carriage of sewerage and other waste matter was dangerous in the extreme. The furnishing of night soil to gardeners as a fertilizer had been tried; also to giving of garbage to dairymen. The plans had resulted in polluted wells and diseased cows. He then detailed a series of experiments, demonstrating that burning this class of matter in properly-constructed furnaces was the best and by far the most satisfactory method.

Dr. Edward Playter, of Ottawa, read a paper on "Our Inland Lakes and Rivers, the Disposal of Sewerage, and the Spread of Infectious Diseases."

A paper by Mr. Alan Macdougall on the Toronto sewers was read by Dr. Covernton. It gave an exhaustive description of the sewerage system of the city, and gave many facts about it and the water-supply system, with which the citizens are more or less familiar, but which were of considerable interest to the visiting delegates.

Dr. Oldright, of the Ontario Board of Health, read a paper on "The Influence of Sewerage on Health." This was followed by a very full and interesting discussion of the sewerage and death-rate of Toronto, participated in by the Mayor, Dr. Johnston, of Chicago; Mr. E. C. Jordan, Dr. Devlin, of New Orleans; Dr. Cassidy, of the Provincial Board of Health; Dr. Canniff, Dr. Covernton, Dr. Benjamin Lee, and was closed by Dr. Oldright.

The meeting adjourned at 2:30 P.M.

#### THE RECEPTION.

The reception in the evening at the Normal School building was a brilliant affair. President Wilson, of Toronto University, presided, and addresses of welcome were delivered by Dr. C. W. Covernton, Hon. A. S. Hardy, and the Mayor.

Dr. Henry P. Walcott, Chairman of the Massachusetts Board

of Health and President of the Association, delivered his annual address. It was a learned and exhaustive discourse on sanitary and medical science, the requirements of the health authorities for carrying on their work, the progress of the work of the Association, etc. What were the present necessities of sanitary science; when were they to be provided for? State aid was indispensable. The meager appropriations of money for the public health service in the majority of States, and the lack of a better collection of vital statistics, showed a lack of primary instruction in hygiene, and gave proof of the indifference that would be reflected in the Legislatures. He viewed with satisfaction the advances made in State medicine in the Dominion of Canada.

At the conclusion of Dr. Walcott's address, the audience promenade through the museum, or adjourned to an adjoining room, where refreshments were served.

The band of the Royal Grenadiers was present, and their music, especially American national airs, added to the enjoyment of the entertainment.

#### SECOND DAY'S SESSION.

The Association was called to order in Shaftesbury Hall, at 10 o'clock A.M., Wednesday, October the 6th, by the President, Dr. Walcott. Prayer was offered by Rev. Father McCann.

The names of about forty gentlemen were reported by the Secretary, and on the recommendation of the Executive Committee they were elected to membership.

Dr. M. C. Van Bibber proposed the following resolution:

"Since it has been proved that the hydrated oxide of methyl, or alcohol, is not a food, nor necessary to the support of human life, but, on the contrary, that its habitual use tends to excess, and that its effects are cumulative and injurious to the intellectual, moral, and physical advancement of man, therefore it is proper that the Association should declare this as its opinion; and further, be it resolved, that we are in hearty sympathy with those who desire to have its excessive manufacture in its variously mixed compounds curtailed, and the means of dispensing it broadcast among men regulated by the laws of different nations."

The resolution was referred, according to rule, to the Executive Committee without debate.

A paper of Dr. Nathan Allen, of Lowell, Mass., on "The Relations Between Sanitary Science and the Medical Profession," was read by Dr. Covernton.

Dr. Hewitt presented the report of the Committee on State Boards of Health, including the subject of "inter-State notification on the outbreak of small-pox, cholera, and yellow fever." The committee stated that the resolution adopted by the Association had been submitted to the National Conference of State Boards of Health, and, after discussion, lost. The committee reported that the following resolutions, forming a part of the report, had been adopted :

WHEREAS, It is necessary for the protection and preservation of the public health that prompt information should be given of the existence of cholera, yellow fever and small-pox ; be it

*Resolved*, That it is the sense of the Medical Conference of State Boards of Health that it is the duty of each State, Provincial, and Local Board of Health, in any locality in which said diseases may at any time occur, to immediately furnish information of the existence of such diseases to Boards of Health of neighboring and provincial States, and to the local board in such States as have no State Boards.

2. *Resolved*, That upon rumor or report of the existence of pestilential disease, and positive, definite information thereon not being obtainable from the proper health authorities, the Conference recommend that the health officers of one State shall be justified and privileged to go into another State for the purpose of investigating and establishing the truth or falsity of such reports.

3. *Resolved*, That whenever practicable, the investigations made under the preceding section shall be done with the coöperation of the State or local health authorities.

4. *Resolved*, That any case which presents symptoms seriously suspicious of one of the aforementioned diseases shall be treated as suspicious, and reported as provided for in cases announced as actual.

5. *Resolved*, That any case respecting which reputable and ex-

perienced physicians disagree as to whether the disease is or is not pestilential, shall be reported as suspicious.

6. *Resolved*, That any case respecting which efforts are made to conceal its existence, full history, and true nature, shall be deemed suspicious, and so acted upon.

7. *Resolved*, That in accordance with the provisions of the foregoing resolutions, the Boards of Health of the United States and Canada represented at this conference, do pledge themselves to an interchange of information as herein provided.

Dr. Bryce explained that he had suggested the resolutions, which had been perfected by the committee. He remarked that quarantine regulations at the St. Lawrence ports had been perfectly carried out by Canada, and similar regulations were wanted for the North Atlantic ports. It was said that ships were permitted to come into New York and Boston without the necessary quarantine regulations being carried out in regard to cabin passengers. If New York and Boston did not carry out such regulations in regard to cabin passengers, Canada would not do so, because the St. Lawrence route would become unpopular.

Dr. Holt, of New Orleans, pointed out the difficulties in the way of State notification of contagious diseases. Railways, steamships, and merchants were opposed to it because it interfered with their pecuniary interests. Thousands of lives were thus sacrificed to commercial selfishness. It was necessary that the representatives of the States should meet together and agree upon a course of action. The North Atlantic sea-ports had escaped the necessity of having forced upon them these momentous issues, but the Gulf States had not been so fortunate on account of the regular occurrence of yellow fever. They had been compelled to act together, and had met in close alliance through a conference of the Boards of Health of the Gulf States and Tennessee. The various representatives pledged that immediately on the appearance of a single case, or a suspected case, of yellow fever, they would give telegraphic notice to the other State Boards. In three weeks after this meeting a suspected case was discovered in Louisiana, and its Board of Health, despite the protests of merchants, railway men, and others, faithfully carried out its pledge

by sending notifications to the other boards. [Applause.] The system had been attended with most beneficial results. Districts in which the fever had appeared had been isolated and corraled, and the disease stamped out.

Dr. Rauch moved "that it is the opinion of this Association that in all cases passengers arriving from Europe, cabin passengers or not, should be examined to see that they have the necessary vaccine protection, even if a case of small-pox had not occurred on the voyage."

Dr. Wight, of Detroit, thought the municipal authorities of each locality should supply the press with notices of fevers, etc., occurring.

The resolutions of the report and the above motion were referred to the Advisory Council.

An invitation from Alderman Walker to inspect the water-works on Friday afternoon was accepted by the Association, which then adjourned until evening.

#### EVENING SESSION.

The Association was called to order by the President, Dr. Walcott, at 8 P.M. Prayer was offered by Rev. Dr. Nelles.

Dr. David Prince, of Jacksonville, Ill., read a paper on "An Experimental Study in Relation to the Removal from the Air of the Dust or Particulative Material Supposed to Produce Yellow Fever, Small-pox, Cholera, and Other Infectious Diseases." The writer submitted a scheme based upon this principle for sterilizing the air which enters a room for protection against infection, and one for sterilizing the air escaping from a patient afflicted with small-pox or other infectious disease, his principle being based on the observations of Prof. John Tyndall, published in the *Popular Science Monthly* for February and March, 1878.

Dr. G. B. Thornton, of Memphis, Tenn, read a paper on "Six Years of Sanitary Work in Memphis." He gave a most interesting account of the reforms in sewerage, drainage, water supply, and removal of garbage in Memphis carried out during the last few years, resulting in a marked decrease in mortality and diminished violence of epidemic visitations. Additional infor-

mation was given by Col. Geo. Waring, the originator of the present very effective system of sewerage and drainage, and by Hon. D. P. Hadden, President of the Taxing District of Shelby County, and member of the Tennessee State Board of Health.

Dr. A. N. Bell, of New York, presented the report of the Committee on the Disinfection of Rags. He showed the importance of the subject, in that the value rags of imported last year amounted to \$519,495. He adduced numerous instances of cholera and small-pox introduced by imported clothing and rags; referring to instances where cholera was carried from the United States to Germany in a trunk of clothes; where small-pox and cholera had been communicated by handling rags; and where the hands at rag mills in England had been infected with diseases of a similar nature. Attention was called to the fact that as every European center was troubled with diphtheria and scarlet fever, the danger of spreading these diseases by infected rags was very great.

The paper was actively discussed by Col. Waring, Drs. Devron, McCormack, Durgin, Holt, Utterson, Abbott, Hewitt, and was closed by Dr. Bell.

The Association then adjourned, it being near midnight.

### THIRD DAY'S SESSION.

The Association was called to order at 10 A.M., Thursday, Oct. 7th, by the President. Prayer was offered by Rev. D. J. McDowell. The Executive Committee recommended for election to membership about a dozen gentlemen whose names had not been previously acted on. They were elected.

Dr. Gihon offered a resolution, which was seconded by Dr. McCormack, tendering the sympathies of the Association to an esteemed fellow-member, Dr. Thos. F. Wood, of Wilmington, N. C., and expressing regret at his absence on account of illness—a worthy tribute to a most worthy sanitarian. Adopted by a standing vote.

Dr. Playter submitted the following resolution: "That in view of preserving, so far as possible, the inland waters of this continent in a state of purity, and also of the imperfect and un-

satisfactory state of public knowledge in relation to the effects of pouring sewage into waters in the proximity of public water supplies, there be appointed a special committee of this Association, who shall be requested to consider the question of water pollution by sewage, and report at the next meeting of the Association, with the object of mitigating the evils of, and eventually preventing, the present common practice of pouring sewage, especially in its pure state, into the nearest stream or body of water."

Dr. Gihon offered the following amendment:

*Resolved*, That a special committee shall be appointed on the purity of the water supply.

Both were referred to the Executive Committee.

Considerable time was then devoted to hearing reports from the representatives of State Boards of Health. The reports showed that on the whole sanitary reform is making marked progress. In many of the States most desirable legislation for the preservation of the public health had been secured.

Dr. D. E. Salmon, of Washington, D. C., read a paper on "Recent Progress in the Investigation of Hog Cholera." He suggested the question of using a sterilized culture fluid, and so impregnating the fluids and tissues of hogs as to render them absolutely protected against the bacteria of this disease.

Dr. Sternberg, Chairman of the Committee on Disinfectants, stated that the committee had been unable to meet during the year, and that he himself had been unable to conduct any legitimate investigations.

Dr. Geo. H. Rohe, of Baltimore, submitted reports of experiments made by the committee in disinfecting by heat. The use of superheated steam was found most efficacious in destroying contagious matter.

Dr. Holt, of Louisiana, exhibited a model of an apparatus used in disinfecting baggage from vessels in quarantine at New Orleans.

The Association then adjourned until 8 P.M.

#### NIGHT SESSION.

The Association was called to order by the President, and the proceedings opened with prayer by Rev. E. A. Stafford.

The committees appointed to award the Lombe prizes reported that the papers and plans sent in by the several competitors were of so poor a class that they could not conscientiously award the prizes so generously placed at the disposal of the Association.

Dr. P. H. Bryce, of Toronto, read a paper on "Decomposition of Albuminoid Substances, and Some Sanitary Problems Connected Therewith."

Dr. J. T. Reeve read a paper by Dr. Geo. Baird, of Wheeling, W. Va., on "Sanitation in Street Paving."

Mr. William Russell, Chairman of the Sanitary Department of Glasgow, Scotland, made some general remarks in connection with sanitation. He concluded by saying that he had listened to the different papers with pleasure and profit, and would carry back to his native land pleasant recollections of his visit to the annual meeting of the American Public Health Association.

Mr. A. Blue, of Toronto, read an interesting paper on "Food in its Relation to the Distribution of Wealth."

Dr. C. W. Covernton read a most excellent paper written by Dr. H. P. Yeomans, of the Ontario Board of Health, on "The Best Methods and Apparatus Necessary for Teaching Hygiene in the Public Schools, as well as the Means for Securing Uniformity of such Instruction."

Hon. D. P. Hadden, of Memphis, in appropriate terms, extended an invitation for the Association to hold its next annual meeting in Memphis. Accepted.

The Association then adjourned until Friday morning.

#### FOURTH DAY'S SESSION.

The closing session of the Association was called to order by the President, Friday, Oct. 8th, at 10 A.M.

The Advisory Council reported resolutions on several questions that had been previously referred to it.

The following was adopted by the Association :

WHEREAS, It is apparent that there is a diversity of usage at the different ports of arrival as to the examination for vaccinal protection of cabin passengers, said protection being required



within a seven years' limit in the St. Lawrence River, and not at all under ordinary circumstances at United States ports; and,

WHEREAS, It is desirable that uniformity of action should be attained in this matter at all ports along the sea-board; be it

*Resolved*, That it is the opinion of this Association that the examination as to protection by vaccination of all passengers arriving from Europe, cabin passengers as well as others, should be exerted at all times and in all cases, even if no case of small-pox has occurred during the voyage.

A resolution to the effect that imported rags were to be regarded as capable of conveying infectious diseases, and recommending that they should be disinfected before being allowed to enter the United States or Canada, was passed.

An amendment to the resolution was also adopted providing that with the present state of knowledge, and as to the thorough state of the disinfection of rags that might be obtained by different methods, the disinfection of the exterior only of bales at the quarantine stations be demanded, and that the contents of the bales be disinfected at the factories or paper mills where they are taken.

The election of officers, as recommended by the Executive Committee, was as follows: Maj. George M. Sternberg, M.D., U. S. A., for President; Charles M. Hewitt, M.D., Red Wing, Minn., and Prof. C. A. Lindsley, New Haven, Conn., Vice-Presidents; J. Berrien Lindsley, M.D., LL.D., of Nashville, Tenn., Treasurer; Dr. Irving A. Watson, of Concord, N. H., Secretary; Col. D. P. Hadden, of Memphis, Member of the Advisory Council for Tennessee.

With a vote of thanks to the people of Toronto for the warm reception accorded the visiting delegates, and a vote of thanks to the President, Dr. Walcott, the Association adjourned *sine die*.

## Correspondence.

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### AN OPEN LETTER—LEGISLATION FOR PROTECTION OF MEDICINE.

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EAST TENNESSEE HOSPITAL FOR INSANE,  
NEAR KNOXVILLE, Oct. 20, 1886.

*To the Legislative Committee of the Medical Society of the State of Tennessee:*

GENTLEMEN:—Your circular letter in regard to the proposed efforts to secure medical legislation in Tennessee has been carefully read, and heartily endorsed. You will, I am sure, excuse me for writing this as an open letter when you consider how much I have had to do with previous attempts of the kind in the State, and my having served six years as Secretary of the Society, and therefore being familiar with its plans and methods.

The Committee of the Society in 1885 requested me to act for them, which I did to the best of my ability. This was with the Legislature of 1885. In 1883 I urged such a bill on my own responsibility also. This has given me intimate experience with two Legislatures and accurate knowledge of such undertakings.

In 1883 there was little hope of success. What little there was was nullified by the opposition of members of the profession. In 1885 the bill could and would have passed if it had not been defeated by members of the profession. Public sentiment, the people, press, everybody favored it but "*we ourselves.*"

That Tennessee is the refuge for charlatans from other States your circular avers. That we are in the woods on this question yet is due to our own preference. I speak from behind the scenes, and know that what I say is true. The bill as finally amended and agreed upon (page 36, Transactions, 1885), and as carefully

freed from legal errors by the Hon. Ernest Coldwell, of Shelbyville, is as near perfect a bill as we can hope for as a beginning. It would have passed the Senate by a three-fourths vote, the committee being unanimously in favor of it. The committee in the House voted for it, and it had a fair chance of passing on a reconsideration. It failed on the first vote only for the lack of a constitutional majority. A half-dozen of our profession rushed up to the Capitol clamoring for its defeat, and carried the day; a mill-dam bill being called up instead so as to put off a vote, therefore it never came to a final test vote. I give you the history, gentlemen, as you can know what you have to meet when your bill comes up. Open opposition of a few who have the courage of their convictions, opposition stronger and more effective from those opposed, but who act *sub rosa*—a hint on the street corner, a word after dinner, the member is thrown off the track and strays off. This opposition is from some of the leading members of the profession in the State, high in our councils, and professors in our schools. This latter opposition you cannot avoid; you cannot reason with it. Those who know in their hearts how urgent is the need, who see incompetency, ignorance, and stupidity turned out upon the helpless people, who see the need of it and yet oppose it—can we do any thing with them? Yes, gentlemen, we can. We can make it understood that there is only one right and one wrong, and that a man should say where he stands on such a great question. Sending out petitions for the people to sign is foolishness; writing letters to doctors all over the State is foolishness; *all* is foolishness unless the members of the Society who say nothing in opposition in the Society can be held to their allegiance to the profession and be made to do their duty or show where they stand openly and bravely.

One other serious obstacle is the opposition of our State Board of Health to any such legislation. I do not mean to say it actually opposes, but it has not tried to aid, and with its principal officers opposed and the other members silent, it amounts to opposition. I believe firmly that if any thing is ever to be accomplished in this matter it must be by and through the State Board of Health. It is or should be the central power in all such mat-

ters, and should bear the responsibility of the enactment and execution of such a law. My experience of two years as Secretary and executive officer of the Board taught me that without we know who and what constitutes under the law a physician, vital statistics would be a farce and a sham. The excellent law that failed of execution and was then repealed in disgrace failed for this cause. The attempts toward medical society organization, the failure of most of the undertakings of the Board and of the Society was from this cause.

The Board has done great and valuable services. It has, since its organization in 1877, repaid the State a thousand fold for every dollar it has expended. It does good every day, and will continue to do so; but its policy is radically and fatally wrong here. It can find no way in which it can protect the health and lives of our people so effectually as by suppressing ignorance and fraud in the profession and protecting people against it. No scientific essay it can publish, no epidemic it can suppress with its skillful hand, no lesson of truth that it can teach the people, can approach the good it can do here. The regulation of the practice of medicine should be its highest, best, and first work. Without it, it will fail in the time of danger and its most important acts be nullified by lack of law, lack of system. I desire to have this remembered, for I will quote it again from year to year exemplified as it was in the failure of the Vital Statistics act. I seriously suggest to your committee to address a memorial to the Board on this question, and ask that they define their policy on the issue. Unless the Board aids you heartily you will fail. Unless it does aid you, and unless it adopts the measure, no further advance can be made in Tennessee in sanitary or medical progress.

The resident profession in Nashville, as such, is too much divided and there is too much local jealousy to expect aid there. It must come from the profession over the State generally and the State Board of Health, or you do not get it at all. I do not desire to dampen your ardor, but I want to save you unnecessary steps. What I write you, you may be sure comes from the conviction of actual experience on the ground. Your committee

must expect opposition in the profession—open and honest, also covert and bitter. Pompous professors with a large practice—and a steadily growing class—will laugh at the whole business as not worth notice. The non-graduate will imagine you are after him, and will howl about persecution. The general grumbler will weep about “class legislation,” and the spread-eagle doctor, who wants to get into politics, will read the air as he wails over the danger to the right of the people to do as they please. The farmer, with his fences all down and his doctor’s bill unpaid, will urge his member to “go agin’ that fool bill,” thinking, perhaps, it will arrange some fearful plan to force him to pay that bill. In the meantime, gentlemen, the State Board of Health yearns for its dead child—the Vital Statistics act; the State Medical Society will still appoint committees; the professor will lecture to larger and larger classes and be still better satisfied; the Legislature will still be pulled from pillar to post, and “wonder what it is all about anyhow.” But what becomes of the people? Poisoned, maltreated, lied to by knaves, murdered by ignorance, robbed by charlatans, tortured by greed and vice—and shall we not still maintain that the law should protect them? Not us; we do not need it. Shall we not still urge that no man shall be allowed to undertake such awful responsibilities without being made to give evidence of at least a certain minimum amount of information? Shall we still gather in the failures from other States whose laws drive them out as if they were wolves!

Gentlemen of the committee, yours is a high duty. God grant you wisdom and strength to triumph. That the State health authorities do this work in States where such legislation has succeeded best your circular shows. The bill I refer to (1885) provides for a commission. This was so arranged, as I did not believe the Board would undertake it. It is not wise to attempt too much in the first law; it should be mainly prospective in its action. During the years I was studying and working in this matter, I had extensive correspondence with those who executed the laws in other States, and their unanimous advice was: “Commence low and build up. Do not interfere with the practitioners who are now at work, and make no distinction as to creed or

school; at the same time require a strict and universal registration of all practitioners, not to include midwives who practice simply as such." The bill, as printed in the Transactions of 1885, page 36, was the result of a careful study of all the laws in existence at the time, after getting the views of those experienced in executing said laws. Its provisions are not hard on any one and look mainly to the future. As before stated, it was unanimously agreed to by the Senate Committee, and was recommended by the House Committee with only one negative vote. The House Committee held meeting after meeting, and the bill was studied word by word, and every flaw eliminated and every point carefully digested. If you can induce the Board to introduce and urge such a bill, it may pass the next Legislature if supported in the manner herein advised.

I hope, gentlemen, you will pardon the length of this letter and its being published; but I deem it best that the profession at large should know the recent history of this work and the true inwardness of its failure in the past, and the fact that the failure is due to the profession itself.

Wishing you success, I am, very truly yours,

C. C. FITE.

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### *Selections.*

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PHYTOLACCA DECANDRA IN THE TREATMENT OF BRONCHOCELE.—Of course it is taken for granted that notice of any agent that is superior to iodine, biniodide of mercury, and other time-honored and much-used remedies in the treatment of bronchocele, and especially one that is free from the deleterious effect—such as iodism, derangement of the stomach, etc.—as frequently noticed and regretted of them, will be received by the profession with interest and profit.

Therefore it is with pleasure that I offer a few facts in regard to phytolacca decandra, which, I believe, is as near a specific for that troublesome disease as we have for any other.

In doing so I wish it understood that I have tested thoroughly about all the remedies recommended by leading authors, and after comparing the effects and results of *phytolacca* with them, much prefer it. It has been a favorite remedy with my father more than twenty years in the treatment of all glandular diseases. It has never failed in his hands to cure all cases of bronchocele curable by any means upon which he has used it, and he has, because of his success, had more than the usual number to treat.

Before giving the report of a case illustrating its use, which I select from a number I have treated successfully during the past two years, it is important to note that much of the tincture and fluid extract of *phytolacca* on the market is worthless, and I have, from necessity rather than choice, prepared most of the tincture which I have used. I would advise those who have given *phytolacca* a trial and condemned it, and any who may try it and not get satisfactory results from the article purchased, to prepare their own tincture.

The following method has always given us a reliable and satisfactory article; but before it I may note, for the benefit of those not acquainted with *phytolacca*, that it grows in abundance in nearly all parts of this State, and is known to most farmers by its common name, "poke root." Procure the fresh roots, and, after washing them clean, slice and put to dry where they will get the sun till the water is as nearly dried out as is possible, then pack in a percolator—a fruit jar will answer—and cover with absolute alcohol, full strength. It is probable that many manufacturers of it do not get a good article because they use old, dry roots, and diluted alcohol as the menstruum. Let it stand at least fifteen days, press out, filter, and it is ready for use. Dose, from three to ten drops.

It should be borne in mind that it acts slowly, and is designed to in the doses recommended, as experience has proven that in so using it the specific alterative effect desired is more safely and satisfactorily obtained. Recent cases yield readily to the remedy, and are cured in from one to three months. Difficult cases of long standing, of which the following is a sample, will need treatment for a year or more.

Lizzie M., aged sixteen years, consulted me June 17, 1885, for treatment of a bronchocele, the first appearance of which was noticed eight years previous. On examination, I found both glands and the isthmus involved, and so great was the enlargement that the circumference of the neck measured nineteen and one-fourth inches.

It was more uniform than generally seen, was very hard, and so tightly filled the skin that it could not be moved. Pressure upon the laryngeal nerve was so great that the patient wheezed as if suffering from asthma, and could not walk rapidly because of the interference with respiration.

She presented the characteristic appearance peculiar to scrofulous diseases, and there was history of similar troubles among the relatives. Bowels were regular, kidneys all right, and menstruation, which had been properly established at thirteen years of age, was regular, and had always been so. I may add here that the menstrual irregularity, mentioned by some authors as always to be noticed in these cases, has not been found by me to exist in any I have treated, and I do not believe it is common, or that the disease is in any way connected with disease of the reproductive organs, as claimed by some. Recognizing this as a most difficult case, my prognosis was unfavorable; but the patient being anxious to try treatment, I consented to give it, and prescribed the following, which was used for about one year, and with success:

R. Tinct. phytolac. decand ..... ʒ ss.  
Syrup. simplicis..... ʒ iijss.

M. Sig.—One teaspoonful in water 3 or 4 times a day.

Also—

R. Ferri dialyzati..... āā ʒ i.  
Glycerini puris.....  
Syrup. simplicis..... āā ʒ iss.

M. Sig.—One teaspoonful in water after each meal.

Ordered applications of the tincture to the glands night and morning, to be diluted with pure rain water if it caused much irritation—as it will sometimes—and, if necessary, to discon-



tinue it for a few days, and to take plenty of outdoor exercise. The only change noticed the first two months was that the glands had softened slightly. After that they decreased in size quite rapidly, and the improvement was marked in every respect, continuing till the neck became normal in size, the difficulty of breathing disappeared, and the patient considered herself cured one year after beginning treatment. She continued the application and tonic for a short time longer, at my request, however, to make "assurance doubly sure" and to prevent any recurrence—a plan which I have always considered good, and recommend.

I have under observation patients who were treated with *phytolacca* successfully eleven years ago, and so far the cures are permanent. In one case only has there been any return of the trouble, and that was due to the patient considering herself cured and stopping treatment too early.

It is very important, I think, to always use a tonic when giving an alterative, and I never omit it. I have, in a few instances where there was difficulty in getting the patient to take the separate prescriptions regularly for a long time, combined the *phytolacca* with the prescription containing the dialyzed iron, apparently with as good results, but prefer to give them singly, and generally do.—*J. D. Ely, M.D., in Medical Age.*

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**THE INTERNATIONAL MEDICAL CONGRESS.**—The success of the International Congress, which is to be held in Washington, D. C., next year, can no longer be questioned. Reports from physicians who have been abroad this last summer warrant the confident expectation that large delegations of eminent physicians from the various European countries are already laying their plans to attend the Congress.

The differences which arose between some of the most prominent members of the profession in our own country, and which, for a time, threatened to render the meeting an entire failure, have been to some degree adjusted, and to some degree subordinated to a recognition of the paramount importance of the gen-

eral interests of the profession at large over the personal dignity of the individual.

The officers who have been selected for carrying out the arrangements are men of ability and energy, who will spare no effort to make the occasion one of profitable enjoyment to the many guests who are expected from abroad, as well as to the much greater number from all over our own country who will crowd to the national capital for the sake of meeting and hearing the ablest representatives of medicine and surgery from beyond the ocean.

We anticipate very much of profit to our own country from the results of this meeting. It will bring the profession here into relations of personal friendship and intimacy with that of the old world as a result of the visit to us of so many of their leaders, which would never be reached so long as the visiting was done solely by Americans.

Americans have been honored guests at the meetings of the International Congress held in various European centers, and now the opportunity is afforded us to honor ourselves more highly in doing honor, as becomes our nation, to the representative men of the profession throughout Europe.

Let us all unite to make this meeting of the International Medical Congress the best possible success by burying all feelings of personal pique or slight, or even of injury, and showing to the world that the profession of the United States is heartily one in welcoming our friends from abroad.

Let our best men attend, and carry with them the evidence of their interest in papers giving the well-digested results of their experience. So shall we do the highest honor to our guests in treating them to the choicest results of our labors, and at the same time elevate the standard of professional work here.—*St. Louis Courier of Medicine.*

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ON IODOL, THE NEW ANTISEPTIC.—Two recently-published papers on Iodol, one by G. Schmidt ("Das Iodol, ein neues Antisepticum," *Berliner Klinische Wochenschrift*, 1886, No. 4),

and the other by Fr. Pahl (*Untersuchungen über Iodol*, Diss., Berlin, 1886), disclose some additional facts in reference to this new antiseptic agent. Schmidt employed iodol at the university clinics of Heidelberg in the following forms: 1. As a powder, applied to the wound like iodoform; over it a compress of argillaceous earth is fixed. The iodol formed no scab with the secretion, the secretion itself was odorless, the granulations abundant, and the healing of necrotic ulceration-surfaces satisfactory. 2. As a solution, 1 : 16 alcohol + 34 glycerine, intended for tampons in carcinomata of the uterus and rectum, also for injections in fistulas and ulcerative cavities. 3. As iodol gauze.

Schmidt expresses himself thoroughly contented with the results obtained with these various modes of iodol application, and lays particular stress upon the absence of all intoxication phenomena in the use of the new antiseptic. He believes, however, that the granulations obtained from the use of iodoform are more luxuriant than those appearing after the employment of iodol.

Pahl, who conducted his researches on iodol in the Pharmacological Institute at Berlin, commends, likewise, the use of iodol, especially in view of its "comparatively slight toxic qualities." His experiments made with iodol on various animals invite our particular interest. If large doses are given to animals, Pahl says, the animals grow emaciated, and ultimately perish through general weakness. The post-mortem examination reveals invariably fatty degeneration, especially of the liver and kidneys. Iodol is almost totally decomposed in the organism, and is eliminated as an iodine alkali through the urine. Pure iodine never appears in the urine after the use of iodol.—*Therapeutic Gazette*.

THE GENESIS OF ATOMS.—At the recent meeting of the British Association for the Advancement of Science, Prof. William Crookes read a notable essay upon the genesis of matter.

Accepting the views of the most advanced thinkers, that atoms of matter represent only equilibria or balances of forces, he assumes that at the first formation of all stellar bodies the heat was

so intense as to decompose all matter into forms more tenuous than the atoms of any known substance. As soon as any such given mass cooled sufficiently a combination of forces took place, producing the finest character of atoms. The first of these was probably helium, a hypothetical substance believed to be found in the sun by means of the spectroscope. Next came hydrogen, which was the smallest atom of all substances composing the mass of the earth; then substances of coarser and coarser atoms were formed until iridium was reached, which is supposed to have the coarsest atom of all, when the degree of cooling arrested the further formation of atoms.

Professor Crookes supposes, further, that at successive steps of the cooling and diminution of the forces producing dissociation, diamagnetic and paramagnetic, or electro-positive and electro-negative substances, were formed alternately. This he represents by a diagram illustrating the scheme, which is marvelously well borne out by known facts. According to this theory there may yet be a large number of substances intermediate in the present list which are as yet undiscovered. Of course these grand and recondite principles, until fully demonstrated (if ever that be), must rest on theory, or even on working hypotheses merely; but there is much in the theory of Professor Crookes that addresses itself to reason, and seems to shadow forth a truth in a way that bespeaks the genius.

Many thoughts must be suggested and many questions may be asked in such a connection. The terms cohesion and adhesion seemed at one time in the infancy of science to express a great deal, but when one attempts to imagine the interaction of forces, of dia and para-magnetism, of crystallization, etc., that must extend to every atom, and then of the mysterious balance in which the forces contained in a piece of coal, for instance, or a block of dynamite, can rest for ages, he feels that he can do nothing but wonder. But dazzling as is the conception of Professor Crookes, he must go much further yet who reaches the *fons et origo* of the varied world around us. They who talk children's talk of determining sex by rising early or sleeping late, by marrying young or old, by feeding well or ill, may amuse themselves, but they

who would know must go to the very origin of matter ; for sex and life were before the wedding of the forces that gave birth to helim, or perhaps even the ether. The *ewige weibliche* (the eternal female principle) of Goethe was no vain dream, for it also was an inspiration of genius akin to revelation. As natural and as necessary as the formation of a crystal is the development of life when once the conditions are given, but it is vastly more complex ; and when once we know, sex will be found to be determined by laws as fixed as those that determine the shape and weight of atoms.—*American Practitioner and News.*

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ON A METHOD OF FORMING THE FENESTRA IN PLASTER-OF-PARIS BANDAGES FOR COMPOUND FRACTURES.—The following method of setting a compound fracture and making the fenestra can invariably be brought into play with the greatest success :

The bones of the fractured limb being properly approximated, and the limb itself extended and held by the assistants, the wound is first thoroughly cleaned and the limb lightly oiled. We then take a common, clean cylindrical glass bottle, with a concave bottom, the diameter of its base being equal to the diameter of the fenestra we wish to form. The base of this bottle is next completely filled with a wad of absorbent cotton, and applied over the wound. This must be done by an assistant, and in such a manner that the center of the base of the bottle and the wound are, as nearly as possible, opposite each other. The bottle is to be held in this position during the complete operation of applying the bandage.

The next step consists in enveloping the limb in a layer of absorbent cotton, carefully passing round the bottle when we come to it. This is held in place by the application of a *wet* three-inch roller bandage, which in turn *surrounds* the bottle when reached. In the usual manner we then apply the plaster bandages, surrounding the bottle as before in the case of the other layers of the dressing.

A few moments are sufficient to allow us to trim down such

plaster as has accumulated about the bottle to a level with the outer surface of the splint. This can best be done with a good strong knife-blade. The bottle can now be slightly turned and easily withdrawn, leaving, as it always does, the circular piece of antiseptic cotton covering the wound. With our knife we now nicely round off the edges of the fenestra before removing the cotton from over the wound, as it protects the latter from the *débris* of this part of the operation.

Finally, the cotton itself is carefully removed, and we see that it has taken up such discharges from the wound as have occurred during the application of the bandage, and we have before us as a result not only our bandage safely on, but a fenestra with cleanly rounded edges, with its exact centre occupied by the wound.—*Dr. R. W. Shufeldt, in New York Medical Journal.*

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**CHLORIDE OF SODIUM IN THE TREATMENT OF BRIGHT'S DISEASE.**—*Dr. Allard Memminger (New York Medical Journal, July 31, 1886)* recommends the use of sodium chloride in the treatment of Bright's disease. He claims that this drug will produce a decrease in the amount of albumen and an increase in the amount of urea, and a very marked increase in the quantity of chlorides eliminated. He orders ten-grain doses of the chloride in gelatine-capsules three times a day, by preference one hour after or before meals, and directs the patient on the slightest intimation of nausea immediately to resume a recumbent posture, and there remain for an hour or so. The second day of treatment he increases the dose to two capsules three times a day, and every other day he increases by one capsule until the patient is taking five capsules three times daily. About this time he claims that the good effects of the treatment will be apparent, not only from the improvement in subjective and objective symptoms of the patient, but from the improvement in the condition of his urine. Albumen will, of course, at this period be found still in abundance if the case is at all a grave one. At this juncture *Dr. Memminger* directs the chloride to be diminished in quantity, and now

gives the patient two capsules three times a day, stopping it temporarily if any nausea is produced. If the albumen is again found to increase and the urea and chlorides diminished, large doses are at once resumed. The effects of this treatment are found in the reduction of the albumen, an increase in the urea and chlorides eliminated, and the removal of headache, œdema, low spirits, general weakness, and anæmia. He claims that it is harmless if properly administered; its effects are uniform, and it may be employed as an adjunct to all recognized modes of treatment without detriment to the patient.—*Therapeutic Gazette*.

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THE *Medical Record*, in a recent article on "The Long-Beard Habit," undertakes to show that the long beards frequently worn by physicians are not only dangerous as carriers of contagion, but are almost invariably associated with mediocrity of talent. "Hardly a doctor of the first eminence in the world's history ever wore a long beard," says our contemporary, "and he who possesses one may as well concede at once that he will never rise above mediocrity. In the long list of distinguished English and American physicians, from Linacre and William Harvey to John Hunter and Benjamin Rush, there are only beardless or short-bearded faces. Reviewing the history of medicine it almost seems that the greatness of medical men is universally proportional to the amount of hair grown upon the chin! At any rate, we trust we have successfully shown that long beards are not the things for doctors, but are unhygienic, barbaric, and inconsistent with great historic precedents and the attainment of the highest professional eminence."—*Maryland Medical Journal*.

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THE London *Medical Record* reports the case of a man admitted into a hospital with a chancre on his left eyebrow. The man stated that during a quarrel three months previously he had been bitten by his antagonist on the left eyebrow.

# HORSFORD'S ACID PHOSPHATE

vs.

## DILUTE PHOSPHORIC ACID.

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The attention of the profession is respectfully invited to some points of difference between Horsford's Acid Phosphate and the dilute phosphoric acid of the pharmacopœia. Horsford's Acid Phosphate is a SOLUTION OF THE PHOSPHATES OF LIME, MAGNESIA, POTASH, AND IRON IN SUCH FORM AS TO BE READILY ASSIMILATED BY THE SYSTEM, and containing no pyro or meta-phosphate of any base whatever. It is not made by compounding phosphoric acid, lime, potash, etc., in the laboratory, but is obtained in the form in which it exists in the animal system. Dilute Phosphoric Acid is simply phosphoric acid and water without any base. Experience has shown that while in certain cases dilute phosphoric acid interfered with digestion, Horsford's Acid Phosphate not only caused no trouble with the digestive organs, but promoted in a marked degree their healthful action. Practice has shown in a great variety of cases that it is a PHOSPHATE WITH AN EXCESS OF PHOSPHORIC ACID that will better meet the requirements of the system than either phosphoric acid or a simple phosphate. "Phosphorus," as such, is not found in the human body, but phosphoric acid in combination with lime, iron, and other bases, *i. e.*, the phosphates, is found in the bones, blood, brain, and muscle. It is the phosphates, and not the simple phosphoric acid, that is found in the urine after severe mental and physical exertions or during wasting diseases.

We have received a very large number of letters from physicians of the highest standing, in all parts of the country, relating their experience with the Acid Phosphate, and speaking of it in high terms of commendation.

Physicians who have not used Horsford's Acid Phosphate, and who wish to test it, will be furnished a sample on application, without expense, except express charges.

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**RUMFORD CHEMICAL WORKS,**  
**PROVIDENCE, R. I.**

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**BEWARE OF IMITATIONS.**



# PHOSPHORIZED ELIXIR

OF

## CALISAYA BARK AND IRON.

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Each dessertspoonful contains—

Free Phosphorous, gr. 1-100.  
Total Calisaya Alkaloids, gr.  $\frac{1}{4}$ .  
Pyrophosphate of Iron, gr. i.

This is the only preparation containing in solution **Free Phosphorous, Pyrophosphate of Iron, and Calisaya Alkaloids.**

It is the only Elixir of Calisaya which contains an effective proportion of **Alkaloids.**

The proportion of these Alkaloids is *invariable*—of Quinia, Quinidia, Cinchonia, Cinchonidia, and Chiniodine. The exhibition of a given dose of these Alkaloids **in solution** with agreeable pungent aromatics, produces more emphatic and certain results than the same dose in the pill or powder form.

It is the only preparation extant containing Phosphorous in solution. A dessertspoonful actually forms a very effective dose of the combined remedies for an adult.

It is a beautiful bright amber-colored elixir, acceptable alike to the taste and to the stomach.

As a tonic in convalescence from fevers and debilitating diseases; as a brain and nerve tonic and invigorant, these remedies have long enjoyed high repute. As combined in this "PhosphORIZED Elixir" (Fairchild), better results may be anticipated than from any other form in which they are prepared.

It is important to specify Fairchild's, owing to the great number of similarly named but valueless "Elixirs of Calisaya."

**FAIRCHILD BROS. & FOSTER,**  
82 and 84 Fulton St., New York.

## *Editorial.*

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### VITAL STATISTICS—WORTHY OF CONSIDERATION.

The State Medical Society in 1848, 1854, 1860, and 1868 memorialized the Legislature, urging the importance of enacting a law providing a system of registration for Tennessee by which each birth, marriage, and death occurring in the State would be properly recorded and preserved. From one cause or another, failure attended each successive effort, and it was not until April 5, 1881, success could be attained; and then it was that the Governor was persuaded by a committee of the State Medical Society, composed of Drs. W. P. Jones, J. F. Grant, D. D. Saunders, and Thomas Menees, to approve a bill which had passed both houses of the Legislature, and it then for the first time became a law. On account of some trivial defects in some of the minor details of the law in its practical operation—especially that of compensation for the physician and magistrate for making the returns—this law at the succeeding General Assembly was repealed. Be it said to the credit of the medical profession, the opposition that arose came from the magistrates rather than the practitioners; though the duties imposed were as five to one more onerous upon the physician than upon the magistrate, who was required simply to receive, and once a month forward to the County Court Clerk, the returns received by him, of all births and deaths occurring in the civil district which he represented during that time.

The repeal of this law was not only unwise, but it clearly was a grave blunder, view it from whatever stand-point you may. As it was, it at least furnished an excellent foundation upon which to have builded in perfecting any system of vital statistics for Tennessee. Modifications could have been made in the way of additions or subtractions as time rolled on, indicating the necessity or special character of such changes.

It comprised the minimum of detail requisite in any system of vital statistics to be of value, either as to the specific data furnished or as a basis of comparison with those of other States or nations (a feature of

the greatest importance), and as a first step in this direction it approximated very near all that could have been desired, and should have been retained in the State Code.

Thus in brief have we presented the history of the subject in our own State up to the present.

In the last Bulletin of the State Board of Health (August), we are gratified to find it is the expressed purpose of the Board to bring this question to the attention of the Legislature, which is now on the eve of election, and which will convene at Nashville in January next.

From a medical stand-point, well-kept vital statistics of Tennessee would be of inestimable utility, as thus would be supplied a depository of most valuable data to be drawn upon by every practitioner of medicine in his daily labors, as well as every medical writer and lecturer in studying the history of any disease, particularly as it is modified by either telluric or atmospheric conditions found in Tennessee. They would enable the statement to be made positively, of the beneficial effects upon the health and life of man of our salubrious and equable climate, as compared with the prolonged, rigorous winters of the North, or the enervating summers of the South. So far as climatic and soil conditions mitigate or cure disease, the facts would be through vital statistics in time brought out, as in no other manner can they be for Tennessee; and confirmatory facts, with scientific explanations, could thus be presented of the statement made that "upon the table-land of the Cumberland Mountains there exists a people without consumption."

The variety of application, and the ever-increasing importance and value of continuous and properly tabulated vital statistics, is in this the noon-time of the most enlightened of all the centuries so apparent that, where they are not already gathered, every intelligent medical man only needs the opportunity to urge the necessity of steps being taken to obtain them, and a beginning made to that end at the earliest time possible. We would, therefore, call the attention of the profession in Tennessee to our lack in this regard and the opportunity now offered to them of supplying the deficiency, and suggest that every physician seek an early interview in person with his Representatives before they meet in legislative session in Nashville, and impress them, one and all, with the advantages, vital importance, and far-reaching and steadily-growing value of vital statistics, not only from a medical point of view, but in the proper administration of an enlightened government, either in its social, economic, or scientific aspects.

## CIRCULAR TO PHYSICIANS OF TENNESSEE.

The following circular letter has been issued by the special committee appointed at the last meeting of the State Medical Society:

*To the Medical Profession of the State of Tennessee:*

At the Annual Meeting of the State Medical Society, a committee was appointed to urge upon the Legislature, at its next session, the importance of enacting a law whereby the people may be protected from the mountebank and the charlatan, and the profession elevated. The importance of such legislation has been well understood by the medical profession for many years, and time and again efforts have been made to this end, but each effort has failed in accomplishing the object for which it had been originated. Such apathy upon the part of our legislators was in a manner excusable when other States had no laws bearing on this subject, and doubtless much indifference originated from this fact. Now, however, the converse is true, and more than ever before are we called upon as philanthropists and as men of honor and dignity to insist upon legal enactments for the prevention of downright robbery of money, life and health, and the suppression of pretenders.

Formerly the State suffered but limitedly from importations of this class of men, and then afflicted mainly by the home production of charlatans, and they were more or less restrained by home influences; but now that all of our sister States have laws prohibiting the unqualified from practicing, large numbers from other localities find a home in Tennessee.

The State Medical Society has recognized the importance of a move of this kind on several occasions before, and has used its influence to that end without avail, but the present appears to be a peculiarly opportune time for action. Hence the committee will use all honorable means to secure such legislation as may be deemed essential to the purification of the profession of the future, and in limiting the sphere of the peripatetic mountebank to fields beyond the domain of Tennessee.

To this end we appeal to each honest practitioner of medicine in the State to use his influence with those who may represent him in the coming Legislature, inducing them, if possible, to favor the enactment of laws for the purposes enumerated by explaining the objects desired and the benefits to be obtained therefrom.

It will not be the aim of the committee to interfere with any who are devoting their energies to the honest pursuit of their calling, but it hopes to get rid of the pretender and swindler, and elevate the profession of the future. Persons practicing medicine in the State at the time of the passage of the act will not be disturbed, save perhaps to register, so that they may be known subsequently; but those who enter the practice in the future should be required to establish their competency by obtaining a certificate on a uniform basis of qualification.

It will be desirable to have a good law; but while this is patent to all who prop-

erly appreciate the responsibilities of the profession, the character of the provisions embodied in the enactment may properly become the subject of discussion. More than two-thirds of the States of the Union have laws; of these we may select three as typical of that many classes or forms of enactments.

The State of Mississippi now has a good law, but at the time of its passage it was merely prospective—that is, it looked alone to the future of the profession, requiring those who already practiced to register only. Its provisions are administered by a State and County Boards of Health.

In Alabama the entire profession, through the State Medical Society and its county branches, constitutes the health department of the Government. The State Society virtually represents a State Board of Health, and the county branches the local or county boards. This makes a ponderous piece of machinery, and were it not for the fact that in this, as in all of the other States, one man exercises the executive authority, but little practical utility would be evolved.

The State of Illinois has a good law, and its guardians are the State and County Boards of Health. Many points in connection with this law and its construction by the Secretary have been submitted to the courts, and by them approved. The law as a whole has proved to be all that its framers could have wished.

The State of Tennessee has well-organized State and County Boards in charge of the execution of all of the laws now existing relating to State medicine, and as the organization of entirely new machinery through which to operate the law regulating the practice of medicine would not only be extravagant, but likely to defeat the end desired, it would appear that to this body should be entrusted all allied work—such as that contemplated by the proposed legislation. This, however, is merely suggestive, and any suggestions addressed to the Chairman by members of the profession will be laid before the committee and carefully considered in advance of submitting your wishes to the Legislature. Yours cordially,

F. L. SIM, M.D., *Chairman,*

N. D. RICHARDSON, M.D.,

A. P. WARTERFIELD, M.D.,

T. J. HAPPEL, M.D.,

THOMAS MENEES, M.D.,

*Committee.*

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### LEX TERRÆ—AD REFERENDUM.

Taking stock was hardly ever thought of by the primitive trader or merchant. The limited amount of his wares required no strain of his intellectual or reasoning qualities. But in the wholesale or retail house of any of our metropolitan towns or cities of to-day, this constitutes one of the most important and essential mercantile operations; one to which is devoted the most active energies of the very best men in each house. For this work the most experienced, the most reliable, and most care-

ful of the attaches of every business-house in these stirring times, are from time to time called upon to put in their very best work.

In the primitive era of the good State of Tennessee, with a sparsely settled population occupying its nearly thirty million acres of land, living a plain, frugal life, mostly devoted to agricultural pursuits, doctors were but little needed, and the tabulation of vital statistics something unthought of.

But a change—yes, a vast change—has come over that portion of the earth's surface included in Tennessee's boundary lines. Her glorious water-ways are flowing as steadily as ever, but instead of only being furrowed by the dug out or broad-horn, immense boats, propelled by the mighty power of steam, and carrying thousands of tons of freight of all kinds, are daily passing up and down. The dim pathways of the forest, subsequently yielding to the newly-opened road, traced out by the notches on the sides of the monarchs of the forest, are now occupied by the iron track of the mighty iron-horse, with his ability of traversing the entire length of the State in the short space of a day and night, or its breadth in one-third that time. Its once sparse population of a few hardy pioneers and their immediate descendants, have been succeeded by a mighty people of full 2,000,000 souls. In 1880 it had 4,326 manufacturing establishments, with a capital invested of \$20,092,845, employing 22,445 people, who were paid during each year over five million dollars, using \$23,710,125 of materials, and turning out in the year \$37,074,886 of products. In addition, her agricultural productions have increased manifold, and her mining and mineral interests, vast and valuable as they have become, are but in their infancy.

A wonderful, interesting, and progressive people in a wonderful land, and yet if we were asked in regard to her mortality, her healthfulness, the vitality of her people, and their natural increase or decrease, we would be limited to guess-work or a reference to the last census report.

Many of our diseases are preventable, but it requires a knowledge of their natural history and a careful study of their progress, their modes, times, and frequency of invasion, that can only be attained by careful study of most carefully collected vital statistics. Our business interests have become large enough and our people numerous enough to justify that a little more attention be paid to the number, or causes and periods of the deaths of our people.

Some of our readers may think that we are devoting rather much of our space to this subject, but it is of *vital* importance to our people; for whom we have devoted a quarter of a century of the most active period of our life.

Then, again, the time is most opportune, for we are just on the eve of an election for legislators in our State, and by the time that this number of the journal will reach our many Tennessee readers, they will know who are the ones to represent them and their people in the next session of the Legislature; and we want to urge upon every doctor, old and young, in this State, who may read this number, to constitute himself a committee of one, with full plenary powers from the representative body of the profession in the State—its own Medical Society—whose time-honored records will bear us out, and urge upon the law-makers the propriety, the necessity, and the prime importance of giving us a *good and practical law* for the registration of vital statistics in the State. It is needed, *and we must have it.*

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#### EVANGELISTIC ENDORSEMENT.

Our very ably-edited and most excellent contemporary, the *Weekly Medical Review*, of St. Louis, very properly castigates one of the religious newspapers of that city (the St. Louis *Evangelist*) for endorsing editorially and admitting to its advertising columns a wretched publication, recently issued, with the would-be attractive title of "Tokology—a Book for Every Woman," one of those filthy productions that should be put under the ban of governmental restriction. Ardently an advocate of the most perfect freedom and liberty of the press, we think we cannot be called inconsistent if we advocate drawing the line in the productions of "the art preservative of all arts" at those that are calculated to debase and prostitute the moral nature of our people. Although it is claimed that its author is a woman, we question it. We doubt if there ever existed from the time of Mother Eve one of her sex so lost to modesty and a proper sense of shame as to produce such a mess of disgusting and beastly material.

In this connection we desire, with all due deference and respect, to utter a word of caution and advice to our clerical brethren. They are rather fond of advising in matters purely medical, and many of the most arrant productions of quackery are highly endorsed by numbers of very reverend gentlemen. While they are well qualified by study,

and we hope by practice, to advise in matters spiritual, we think it presumptuous, at least, to prostitute the confidence thus obtained in advising in matters which they have not carefully and thoroughly studied and investigated. With scarcely an exception, we think they would, almost to a man, hesitate before undertaking to repair a good brother's watch, trying to run a steam engine, or managing any piece of delicate or intricate machinery with the workings and technical knowledge of which they were practically inexperienced. We think they have all heard the old adage of "the devil quoting scripture."

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#### LETTER FROM DR. DUGGAN—TYPHO-MALARIAL.

In the early part of the month, on receipt of Dr. Duggan's excellent paper read at the Bedford County Medical Society, which by request of that society is published in the original department of this number of the *PRACTITIONER*, we took the liberty of forwarding him a copy of a paper on "Typho-Malarial Fever—Is There Such a Disease?" which we had prepared in accordance with a resolution of the Tennessee State Medical Society, and read at the Memphis meeting. The paper appears in the *Transactions* for 1886, and also in a recent number of this journal, a copy of which we will be pleased to forward any of our readers who desire it. Subsequently, we received the following letter from Dr. Duggan, which we give entire. In reply we have only to state that our worthy friend would do well to carefully examine the pamphlet again. We think we have shown that those leaders in the profession who claim, or have claimed, that there is such a disease, "do not practice what they preach." We think we made out a very clear case, and we still think the following deductions we then made will hold good:

"1. That two specific poisons of idiopathic fevers may have access to the system at the same time; but only one can work out its legitimate phenomena at the time, the other remaining passive or semi-passive, dormant, latent, quiescent, or partly so, until the first, or more powerful, has expended its energies.

"2. Many diseases may show the impress of a latent poison without an essential blending of types.

"3. Any disease which, from any cause, or in any situation or combination of circumstances, puts on an adynamic form, does so *as a result*



*of enteric irritation*, ENTERIC INFLAMMATION, OR ENTERIC ULCER-  
ATION."

Dr. Duggan's letter is as follows:

"UNIONVILLE, TENN., Oct. 20, 1886.

"DEAR DOCTOR:—I thank you for your pamphlet, which came to hand the 15th inst. I have carefully examined its contents. And I also thank you for your painstaking and valuable paper.

"But doctors do differ; and while you try to prove that there is no such disease as typho-malarial fever, others think there is. And while we keep company with such world-renowned men as Drs. Drake, Davis, Wood, Loomis, and Flint, Sr., and others, who think there are in certain cases pathological conditions that would authorize a name pointing to the existence of two poisons in the system at the same time, we are not in bad company. In your conclusions you state: "That two specific poisons may have access to the system; but only one can work out its legitimate phenomena at the time, the other remaining passive or semi-passive, dormant, latent, quiescent, *or partly so*, until the first, or more powerful, has expended its energies." This admits much that is contended for by those who think that *typho-malarial fever* is not a misnomer.

"I have taken the liberty to underscore three words in the quotation from your pamphlet, which state the facts in the case. And while you call upon the bard of Avon to help you out, permit me to say that whether the cloud was camel, weasel, or whale shaped, it was a *cloud* all the same.

"But light is our object, and we hope that doctors who use the quill as well as the pill will continue to stir up the sparks till the medical horizon will glow with light like the milky way in the firmament above.

"Yours, in search of truth,

B. F. DUGGAN."

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#### MEDICAL DEPARTMENT OF THE UNIVERSITY OF TEN- NESSEE, NASHVILLE MEDICAL COLLEGE.

We are pleased to note the advancement made by this institution. The class now assembling is the largest in its history, numbering now more students than the attendance at any time last session. It is thought that before the end of the present term more than two hundred and fifty matriculates will have registered. The Faculty have, indeed, every reason to feel proud of their fast-growing and popular school.

The new public City Hospital, which has been awarded by the City Council of Nashville to the Faculty for a period of two years, will be an advantage for clinical instruction not to be surpassed by the Eastern medical colleges. The hospital is located at the end of the Fairfield branch of the South Nashville street-car line in the southern edge of the city. The Faculty have purchased the historic pile once owned by Col. William B. Lewis, in former times a rendezvous for great men, where hospitality once held sway, since passed into strange hands, and now directing its uses to the humane art and comforting the sick. The twenty-odd rooms have undergone changes into hospital wards, etc., so that the entire establishment is in first-class order and appointments for modern hospital purposes. The hospital is not only for the reception of the city's indigent sick, but it is open to the medical profession who may care to bring patients and treat them themselves. Private patients are to be received locally and from a distance.

We congratulate the institution on having such brilliant prospects.

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THE GREEN SPRINGS SANITARIAN, located 70 miles west of Cleveland, Ohio, in immediate railroad connection with all our large cities, is peculiarly adapted to the treatment of all forms of nervous diseases, chloral, opium and alcohol addiction, diseases of females and chronic rheumatism and dyspepsia. The institution is supplied with the most improved apparatus which science and skill have indicated in treatment by electricity, bath, massage, etc., and will be used in all cases when indicated. Superior advantages are offered, not only to confirmed invalids, but also to a large class of overworked, worn-out, and tired-out persons, who need, more than medicine, the spring water baths, and a beautiful quiet place in which to rest and recuperate. The cuisine of the institution is under the management of an experienced person, who will spare no expense to secure the best of everything in that department. Dr. John S. Marshall, the physician in charge, is eminently qualified by his talents and long experience, and has been remarkably successful in the treatment of these affections, having spent the most of his professional life in institutions of this kind.

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TWO CASES OF DYSMENORRŒA.—1. Young married woman with extreme dysmenorrhœa: Examination revealed a lacerated cervix (this trouble was consequent to parturition) and an aggravated endometritis.

Treatment was given for one month, consisting of local applications and in the internal administration of Aletris Cordial. Patient positively cured, much to my surprise, as my prognosis was far different.

2. Girl, fifteen years of age. Commenced to menstruate at fourteen. For nine months previous to treatment had not been free from pain in lumbar region. A scanty coffee-colored flow, attended with intense pain, at irregular intervals. Cephalalgia, nausea and constipation, superadded had rendered her peevish, melancholly and anæmic. Administered one bottle of aletris cordial, teaspoonful doses, quieted pain with suitable analgesics, and in two months discontinued all treatment. Heard from her as follows: Had menstruation once with scarcely any pain; the color was normal; her lumbar distress had disappeared, and color was returning to her cheeks. Can highly recommend the Aletris Cordial and shall expect great results myself.

H. S. DRAKE, M.D.

Middleboro, Mass.

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### BLEEDING IN PNEUMONIA.

At the recent meeting of the Third District Branch of the New York State Medical Society, a very interesting discussion was had in connection with the subject of bleeding in pneumonia, which was actively participated in by the members present, a majority of whom advocated it. Among other remarks Dr. Orton said as follows:

"I should like to be allowed to introduce the same test which I introduced into the old State Society about a quarter of a century ago, and make the same request which was granted at that time. I asked two questions, and I should like to ask the same questions to-day in reference to this matter of venesection. 'Those members of the profession present who can remember any case in which they employed venesection and which caused them to regret that treatment will please rise.' (None rose.) 'Now those members who can remember a case in which they regret not having used the lancet will please rise.' (About two-thirds rose; the young members not voting).

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THE COST OF INFANT FOODS.—One of the greatest objections that has been made to the use of the various prepared infant foods upon the market has been their high cost. As it will be a matter of interest

to the entire profession to know the comparative costs of the various foods, a careful computation of the cost of each class has been made, compared according to the directions given for infants. The so-called milk foods or powders are found to be the highest, averaging to cost, when prepared ready for use, about nine cents per pint; next in cost is a class called Liebig's Foods, which average six cents, or more, a pint; next is a class of farinaceous foods, which cost nearly as much as the Liebig Foods. Below all these is Lactated Food, which costs but four cents per pint, making it the most economical food the profession can use. A dollar package of Lactated Food will give an infant one hundred and fifty meals, or sufficient to last about four weeks.

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**SUBSTITUTION.**—Does the profession realize how much injury is done to physicians and their patients by *the substitution* of spurious, or the so-called "just-as-good" preparations, *in place of* goods of standard reputation? The following letter from Dr. Springer is a case in point:

VAN BUREN, OHIO, Sept. 10, 1886.

*Messrs. Battle & Co., St. Louis, Mo.:*

GENTLEMEN—In the case of "insomnia" which I reported to you in May last, and wherein it required seven drachm doses (hourly, one drachm) to produce sleep by Bromidia bought at pharmacy in Findlay, it required but one drachm, repeated in *one* hour, to produce a good night's rest of the sample bottle you sent me. I also use the Bromidia (Battle & Co.) with the best results in "cholera infantum" and in "hysteria." Am satisfied that the article bought at Findlay was "spurious."

GEO. SPRINGER, M.D.

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**THE INTERSTATE READERS.**—We have received from the publishers three copies of No. 2 (October) of these beautifully-printed and handsomely-illustrated monthly serials for the "little ones." They teem with most excellent mental pabulum that will enlarge and develop the minds, delight the hearts, and leave no stains on the souls of the rising generation. Send for sample copies of each one of the series of "Primary, Intermediate, and Grammar School Readers" to *The Interstate Publishing Company*, 30 Franklin Street, Boston, or 183 Wabash Avenue, Chicago.

**PILES.**—I can speak positively of the great value of Kennedy's Extract *Pinus Canadensis*. I have been treating a case of protruding piles of twenty years' standing, making life almost intolerable at times. They have been treated for years with only palliative results. About a year ago an operation was submitted to, since which time the tumors have remained smaller and less sensitive; but a new trouble soon set in, namely, itching to a terrible extent, which nothing seemed to relieve until I tried the Extract *Canadensis*, two parts to one of glycerine, two or three applications of which relieved the itching entirely, and the disease is being rapidly benefited in every way. Have used it only once a day after each evacuation. I find it an excellent remedy in leucorrhœa also.—*C. H. Davis, M.D., Funkhannock, Pa.*

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**TONGALINE.**—Have been prescribing Tongaline during the past year, and can cheerfully testify to its great value in rheumatic and neuralgic troubles. Have derived particular gratifying results from its use in dysmenorrha, when not dependent on obstruction or serious organic disease. In a case of a lady of rheumatic diathesis, and a chronic sufferer from dysmenorrha, who had been driven almost to the verge of insanity by her monthly suffering, its action has been most satisfactory. I first prescribed it for her about six months ago, when suffering intensely. It relieved her promptly, and she now passes the once dreaded periods with but little discomfort. I could mention other instances of a similar character, but this is the most remarkable one.—*T. H. Frazer, M.D., of Commerce, Mo.*

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**PEPTONIZED COD LIVER OIL AND MILK** has given us most satisfactory results in wasting diseases. We have made thorough trial of it during the past year in cases of phthisis at the State Prison Hospital, and it has succeeded far beyond our expectations—especially in those cases that could not tolerate other forms of constructives.

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**SCOTCH OATS ESSENCE—BUCKLAND'S.**—We desire to call the attention of our readers to the advertisement in this number of the *PRACTITIONER* to the above-named preparation. It is claimed for it that it has yielded remarkable and gratifying results in both functional and organic diseases of the brain and nervous system.

A TIME FOR BUTTON-HOLING.—We think that we can safely assert that every doctor in the State has had one or more of the various candidates for the Legislature, either publicly or privately, importune him for his vote. Now is your time; brethren of the prescription blank or saddle-bags. Button-hole one, at least, of your Representatives to the next General Assembly, and tell him that you want his vote—nay, you will have it—in favor of a good “vital statistics law.” You need it for the benefit of the “dear people,” whom he is so anxious to benefit by his law-making abilities. Don’t be afraid to ask—aye, even *demand* it. Both you and the people want it.

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FELLOWS’ HYPO-PHOS-PHITES still maintains its justly-earned high standard as one of the best reconstructives and tonics to be found. It contains the essential elements of the animal organization—potash and lime; the oxydizing agents—iron and manganese; the tonics—quinia and strychnia; and the vitalizing constituent—phosphorus. It has sustained a high reputation in America and England for efficiency in the treatment of pulmonary tuberculosis, chronic bronchitis, and other affections of the respiratory organs, and is employed also in various nervous and debilitating diseases with success.

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JAMES GOODCHILD WAKLEY, M.D., M.R.C.S., the youngest son of the founder of the *Lancet*, and for twenty-five years its editor, died of epithelioma of the tongue and pharynx, August 30, 1886. He had never practiced medicine, but few of our profession have done better service for the profession than did he in the management of that ablest of medical journals. The successor of Dr. Wakley is a nephew who has been for some years associated with him in conducting the *Lancet*, and who will continue the name of Wakley in the editorial chair.

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ALTHOUGH NOT OF THAT FAITH, we are pleased to present to our readers this month the letter of Dr. C. C. Fite. We will perhaps have something to say in regard to it in our next issue. Nothing like hearing both sides of a question—time will show who is right.

3 Dec 25.1.

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## *Original Communications.*

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### THE WATER WE DRINK.

BY

DE WITT C. DAY, M.D., NASHVILLE, TENN.

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The ancient Greeks and Romans peopled their streams with deities, nymphs, naiads, and satyrs; but the modern microscope and the advances made in chemical research have peopled them with demons far more potent for evil than was ever dreamed of in the old mythologies.

Water is doubtless one of the most useful of the earth's compounds, and at the same time has the widest distribution. More than three-fourths of the surface of our planet is occupied by it, not including the immense lakes, rivers, creeks, rivulets, springs, and the water contained in the atmosphere, trees, plants, in fact in all organic and inorganic nature. Three-fourths of the solid matter of the human frame, four-fifths of the blood, and to a greater extent other fluids of the body, are composed of water. This universality of the existence of water implies its multitudinous uses, and it is very apparent that water plays a most impor-



tant part in the manifestations of all organic life, both animal and vegetable. The ancients believed it to be an all-creative fluid; and one of the old poets declares that

“Life crept out of the sea upon the land.”

As a cleansing agent it is in universal use, and imperative for washing, the solution, and transportation of mineral and organic impurities, etc.

A large proportion of the water of our globe is unfitted for drinking purposes, and very much of that in use is of questionable propriety. The shipwrecked mariner, though dying with thirst, dare not touch the ocean of waters around him. So, also, the thirsty traveler across our Western deserts may find springs and rivulets apparently as pure as the tear-drop that glistened in the eye of the Peri at the gates of paradise, but if used prove as noxious as the contents of the ocean. This is due to the fact that water may almost be termed an universal solvent, as no other fluid is capable of dissolving as many substances, but few minerals wholly escaping its solvent action; and when we consider the vast amount of decaying organic matter (peculiarly subject to its action) around us, that much of our water should be non-potable is not a surprising fact.

Experiments have proved that animals may abstain from food for days, and even weeks, without seemingly great inconvenience; but abstinence from the use of water for a short time is fraught with the most direful results. This is due to the fact that water is the great “common carrier” of the body. Through its agency, by liquefying the blood, the elements of nutrition are circulated through the economy and properly deposited, while the effete matters are thrown out. Many of the elements of nutrition in the body are stored away, and only require liquefaction to be appropriated; and, indeed, much of the material which has once been used, under the combined action of water and atmospheric air, may again be utilized in the work of rebuilding the tissues and enable them to exhibit their normal life. Without the presence of water this could not occur; the products of decay accumulate, and effete matter is neither carried away nor purified,

and blood-poisoning as surely occurs as if some deadly virus had been taken into the body from without by absorption. All the different functions of the body require for their manifestation the presence of water. Without it there can be neither digestion, assimilation, circulation, repair, nor even purification.

From these and other considerations which will readily suggest themselves to the reader, it is apparent that water plays a most important part in the life of organized nature. How important, then, that we should look carefully to our sources of supply.

For the purposes of this article, we may divide water into potable and non-potable; and the first consideration will be the general qualifications which must be possessed by a water to render it sufficiently good for domestic use. In the first place, absolute chemical purity is not desirable, nor is it attainable. Careful investigation has proved that a certain amount of the mineral substances requisite for the constitution of a part of our bodies should be contained in the fluids we drink, but such constituents, when in excess, are often very injurious.

In the use of water this is a most important question to the physician and his patient. Characteristic diseases occurring in different localities thus oftentimes find a ready solution in the character of water drunk, whether soft or hard, etc. There is a normal standard for the constitution of potable water, and any variation from this standard in gaseous or mineral constitution may be considered as injurious even to the well man. "The well need not a physician, but those that are sick." In the summer season there is a general hegira of our citizens to the springs, some for the benefit of their health, and others purely for pleasure. I am not wrong in saying that the most injudicious selections are made. The springs are usually selected for their attractiveness and social advantages, rather than their medicinal adaptability. Again, the well man should by no means visit a medicinal spring, and habituate himself to the inordinate use of its waters, as thereby some organ of his body would undoubtedly be subjected to undue stimulation, and consequent diseased action.

The carbonates, sulphates, and chlorides of lime, potassium, magnesium, and sodium are the most common constituents of

drinking water, with the different compounds of silica, iron, and alumina.

So far as the medicinal qualities of water is concerned, the usual amount of salts found in solution is of little practical importance. As to its potability, they seem absolutely essential. The vapid taste of distilled water, which is destitute of salts and gases, is well-known. Dr. Letherly and others claim that hard water is most healthful, and adduce statistics of different English cities to substantiate their position. According to their statements, the city using hard water had the lowest death-rate; but the reports do not include a statement of other sanitary surroundings, and hence is misleading. Hard water is less desirable for steam boilers, washing and cleansing purposes, and culinary operations. Therefore, for general purposes soft water seems most desirable.

All water contains more or less organic matter. Even meteoric water becomes more or less impregnated in its passage through the atmosphere. Probably the greater amount of these organisms, whether vegetable or animalcular, are absolutely harmless, and possibly necessary to the constitution of potable water. Our beer, tea, and coffee are simply solutions of organic matter. The great trouble is that organic matter as usually found in water is of unknown quality. Certain of the pathogenetic bacteria exhibit a characteristic form and size; others, again, associated with the causation of most malignant diseases cannot be distinguished from harmless organisms of a similar appearance. The microscopist takes cognizance of two forms of organisms in his investigations of the sediment of drinking water—first, those forms which are known to produce a disease; and, secondly, that class which, though probably innoxious themselves, yet cannot exist in pure water.

The disease-producing organisms found in water are usually extremely small in size, and are exceedingly difficult of identification. They are extremely simple in structure, and are difficult of recognition from others of similar appearance, but of different character. It may be stated as a general fact that bacteria are not found in pure water, due to the absence of chlorophyl, the

pabulum upon which they feed, mineral matter failing to supply the nutrition necessary to the maintenance of their life. It may, therefore, be stated in general terms that water, to contain a large number of bacteria, is so thoroughly impregnated with organic matter as to render it unsafe for drinking purposes.

It is to be regretted that although germ pathology is a science of quite recent origin, still our knowledge of it is inadequate for the determination of all the questions which enter into this inquiry. It may, however, be safely stated that the less organic matter water contains the more safe will be its use.

Another question which enters into this inquiry is that certain organisms when living are innoxious, but when decomposing become most baneful in their effects if taken into the animal economy. Fish are known to feed around the mouth of sewers when the sewage is fresh with impunity; yet this same sewage when decomposing becomes life destroying.

As to the relative potency for evil of the usual decaying organic matter found in drinking water, human excremental matter takes first rank. It has virtually been proved that the most direful epidemics have been caused by the dejecta of diseased human beings taken into the stomach of the well through the medium of drinking water.

Next in rank to human excrement may be enumerated animal water from tanneries, wool manufactories, slaughter-houses, etc. Buck says that while the evidence is not so conclusive against them as excremental matter, yet the suspicion against them is so strong that all possible means should be taken to exclude them from the sources of drinking water.

Next in importance may be mentioned the seepage from cemeteries and the contamination of water by dead animals, fish, crustacea, etc.

Last and least in importance we enumerate the products of vegetable decay. When we consider the vast amount of vegetable decay constantly occurring around us, impregnating both the atmosphere and our drinking supplies, and the people still enjoying good health, it is difficult, if not impossible, to determine the innocent from the disease producing; yet it is safe to say

that certain unknown forms of vegetable germs, the result of decay, are exceedingly potent factors in producing disease.

The usual sources from which cities and families derive their water supply are four in number—viz., rain, surface water, ground water, including shallow springs and wells, and deep ground water, including deep springs and artesian wells.

It may be stated that rain water constitutes a very considerable supply of the world's drinking water. Even some cities are so located as to necessitate the catching and storage of rain water in cisterns and tanks as a source of supply. The cities of Cadiz, in Spain, and Venice, in Italy, are so situated.

Rain water, when collected in the country and properly stored, is undoubtedly one of our purest sources of supply, but when collected in cities and near large manufacturing companies it is liable to take up large amounts of gaseous and mineral substances. Rain water as usually collected contains but a small amount of mineral matter and atmospheric air, and this constitutes one objection to its use. The impurities usually found in rain water are gases and other matter absorbed from the atmosphere, organic and mineral matter and excreta of mice, birds, etc., collected from the roofs of dwellings or other collecting surfaces; the contaminations of cisterns in the shape of dust, insects, rats, mice, toads, etc., which accidentally gain admittance and die; the wooden lining of cisterns or tanks, sometimes wet and sometimes dry, giving rise to vegetable mould, or the poison derived from lead receptacles. Tanks for supply and flushing of closets are sometimes located upon the tops of houses, and their contents become contaminated by gases from privy vaults and soil pipes having ventilating outlets. Cisterns should be built underground, and laid in cement or slate, with their tops protected, so as to prevent the entrance of insects, mice, toads, etc. When water is collected and stored with regard to the above conditions, the consumer runs the minimum of danger in its use.

Surface water, including streams and lakes, constitute the great supply for cities. Rivers in their course are subject to many changes. Usually commencing as a pure mountain stream, it is constantly receiving accessions to its current by the entrance of

streams of ever-varying character. Evaporation and absorption are constantly taking place. Few rocks or mineral substances are absolutely exempt from its solvent action, whilst vegetable matter, both living and decomposing, is presented for its solvent powers.

The objection to rivers as sources of water supply may be enumerated as follows: Occasional high temperature, turbidity, the salts and organic matter which they contain, and their pollution by becoming the common carriers of the refuse of manufacturing establishments, the sewage of cities and dwellings, and the sipeage from grave-yards when contiguous to supply stations. The rivers in Europe are much more subject to contamination from these sources than American streams. The so-called pollutions from some manufacturing establishments are absolutely harmless or beneficial to the sanitary condition of the stream. For instance, as a rule the refuse of dye establishments are innoxious; the products of lime, soda, and potash are harmless; copperas or sulphate of iron, as waste material from some factories, is a valuable disinfectant to polluted streams. The most dangerous contaminations of rivers are doubtless the human dejecta from large manufacturing establishments, the sewage from cities and residences, the refuse from tanneries, wool establishments, slaughter-houses, and rendering factories.

Lakes and ponds, as a general rule, are less objectionable as a water supply than rivers, from the fact that they are less liable to pollution from sewage, manufactories, grave-yards, etc., and less liable to become turbid. However, if the lake or pond is surrounded, and is the receptacle for the drainage of cities, manufactories, grave-yards, or polluted streams, then its waters are most objectionable, for still water does not afford the facilities for self-purification that running water does. Another objection which may be urged against lakes and ponds is the facility with which the lower order of animal and vegetable life flourish in their immediate vicinity.

We shall next consider the ground water as a source of supply, or shallow springs and wells, which constitute the principal sources of supply for the rural districts. These sources are invariably

the result of percolation of meteoric water through the soil until it meets with an impermeable stratum. In its passage through the soil, it has been subjected to sedimentation and filtration, and has absorbed mineral constituents which are probably desirable to its constitution as a potable water, whilst at the same time oxidation of many noxious vegetable matters occurs, thus giving us a comparatively pure drinking water.

The great danger to be apprehended from these sources of supply is the character or surroundings of the water shed which supplies them. The earth cannot be regarded as a reliable filter in all cases, and if the water-bearing stratum is of shallow depth and the surroundings of polluting character, the character of the water will be questionable. Again, polluted surface water, by constant sedimentation, will leave in the filtrating strata an immense amount of objectionable matter to be acted on.

Our springs and wells are very liable, and almost necessarily so in cities, to be contaminated by surface drainage. Such springs usually occupy the lowest ground of a considerable drainage surface, and when such surroundings are thickly dotted with unvaulted privies, stables, and objectionable tenement houses, the character of the water can be imagined. Such are the conditions which surround our springs in Nashville, of which there are quite a number, and from which a large percentage of the poor population draw their accustomed water supply to avoid the taxation incident to the hydrant supply.

The history of the various and severe cholera epidemics which have at different times devastated our city has proved the fact that these springs have been the nidi around which the disease most festered; while our sister city, Edgefield, using cistern water, enjoyed entire immunity from the disease. The laity insisted that Nashville was scourged and Edgefield escaped from the fact that hard or mineral water was used in the first, and soft, or cistern, water in the latter. The true reason probably lies in the fact that our various springs received the drainage from the dejecta of cholera patients. Our Health Officer, Dr. Mitchell, has recommended to the Board of Public Works and Affairs the closure of many of these springs, and the substitution

of free hydrants for the use of the poor population. This is a move in the right direction, and should be persevered in until the last one is closed to public use.

The severe cholera epidemic which occurred in this city in 1878 was brought to the State prison by convicts transferred from Memphis or its vicinity, and the first cases occurred at that institution. From that point the disease spread down Lick Branch, which received the sewage from the penitentiary. Its next points of attack were in the neighborhood of the various springs used by a population, for the most part, ill fed, clothed, and nourished, and whose hygienic surroundings were any thing but favorable. Finally, the germs found a lodgment in our uncovered reservoir, and the whole city tributary to its system became involved. Edgefield escaped, in my judgment, because she used covered and protected cisterns for her water supply.

The Cumberland River is undoubtedly a good stream from which to secure a water supply, the principal objections to its use heretofore being its occasional turbidity, and the fact that our water was secured immediately below the point of drainage for four or five large cemeteries in the immediate neighborhood of the river. This state of affairs will soon be remedied, as the city is now constructing, at a point on the river above this objectionable drainage, a filter, said to be after the most approved construction, and a new pumping station, which will give us the prospect in the future of a reasonably unobjectionable water supply.

In regard to temperature, shallow wells and springs usually afford us the coolest beverage; while in springs originating from a very deep source and from some artesian wells the water is of such a high temperature as to render it unpotable.

The shallow wells and springs usually contain a considerable amount of organic matter. Deep ones contain but a trace, but are generally thoroughly impregnated with mineral salts.

Deep artesian wells are so expensive and so doubtful of success in furnishing a potable supply as to be impracticable for general use. Shallow bored wells do not differ from those already considered.

The general belief is that running water soon purifies itself.



This is a fallacy, which numberless experiments have proved. The River Commission in England proved that one hundred and sixty miles were not sufficient to purify water of organic matter. The same Commission says: "No process has yet been devised of cleaning surface water once contaminated with sewage so as to make it safe for drinking." Dr. De Wolf says: "Among the numerous processes for cleansing of polluted water with which we have been acquainted, there is not one which is sufficiently effective to warrant the use for drinking of water which has once been contaminated by sewage or noxious animal matter."

Mr. Talkard (Prac. Inst. Cir., Eng.) says: "Bearing in mind, then, the influence, or rather the absence of appreciable influence, of mere dilution, and the difficulty with which infectious matter is destroyed, the conclusion that once contaminated water never purifies itself seems inevitable."

Per contra, Dr. Tidy, of the River Commissioners, says that a distance of ten miles is sufficient for water to purify itself. This conclusion is probably based upon the fact that the water examined did not show impurities either by microscopical or chemical analysis; but it is not conclusive that such did not exist in an attenuated form, in which shape the more noxious organic germs are found.

Mr. Latham was of the opinion that there were means, no doubt, by which the very foulest water could be purified, and these means were more active in a river than in any other source of supply.

Mr. Talkard says: "The chemists are powerless to help the sanitarians in discriminating between wholesome and unwholesome water."

Dr. E. Frankland says "that chemical analysis may fail to detect any thing unusual in water impregnated with the excreta of patients suffering from contagious disease."

Mr. Elkin says the same thing.

Mr. Latham states that the chemist cannot discover the most dangerous impurities in running water.

Dr. Thudicum said that there might be water in which the chemist could not discover any appreciable amount of organic

matter, yet they would convey death wherever they were consumed.

In the *Prac. Inst. Cir., Eng.*, Mr. Homersham, Prof. Tyndall, Mr. Jabez Hoog, Mr. Hartley, and Mr. W. Atkinson give the same evidence, showing conclusively that the chemist cannot always be relied upon to detect the dangerous impurities in water. By this it is not meant that he cannot detect the ordinary organic matter, but the germs which Mr. Latham characterizes as "the most dangerous." The microscopist is almost as powerless to aid us in the determination of this question; for in apparently pure specimens of water contaminated by the dejecta of typhoid fever or cholera he might find nothing unusual.

Thus, it seems that both chemistry and the microscope often fail us in the solution of the question, "Is a water potable?" That the noxious qualities of water are dependent upon organic matter, either vegetable or animacular, there can be no question; but, as yet, there are no certain means of determining the existence of such matter. The germs of most diseases are, as yet, undiscovered, and the particular mode of development undetermined of those already known to exist. It is certain that waters apparently pure to all chemical or microscopical tests have been most efficient agents in the propagation and dissemination of the most frightful epidemics. It seems certain that no positive means are known for reclaiming water once polluted. All the expedients put in practice for purifying water—such as sedimentation, aëration, filtration, distillation; and refrigeration—have all demonstrated that they only clarify, not purify. It were well could we always choose water, like Cæsar's wife, "above suspicion." Such, however, is not the case; and with our present knowledge of the subject, the best means of avoiding contamination is to select water from such sources of supply as are least exposed to contamination.

To what extent are waters disease producers and disseminators? is a question of great vital interest. This question has not until late years excited to any very considerable extent public attention. Our fathers did not hesitate to locate a grave-yard

immediately above a source of water supply, as witness our own and many other cities.

That many of the diseases from which we suffer are caused by the water we drink, the food we eat, and the air we inhale, is a well-established fact.

The cholera epidemics which visited Königsberg from 1831 to 1836 were investigated by Schiefferdecker (*Leber die Cholera in der Schwertz*), who ascertained that the people who used water from the polluted wells and river of Pregel suffered greatly, while those who secured water from a different system of supply escaped with impunity.

In 1849 South London suffered greatly from cholera. That portion of the city received its water supply from two companies—the Southwark and Lambeth. These companies drew their supplies from a very polluted portion of the Thames, then very foul, and the epidemic was fearful. Two years afterward, the Lambeth Company secured a purer supply. In 1854 another epidemic occurred. Dr. Snow investigated it, with the following results: There were one hundred and fifty-three deaths in a given population using the Southwark water to twenty-six using the Lambeth water. The mains of these companies ran side by side. The disease selected the houses supplied by the Southwark Company, while those supplied by the Lambeth had an almost immunity.

Dr. Ratcliffe found that the cholera epidemic of 1866 was circumscribed to the area of the East London Water Company.

Dr. Tarter says that in five towns of Silesia, in which water was supplied from a distance, and protected from pollution cholera rarely appeared, while neighboring towns suffered.

Dr. Bellot investigated the Holland epidemic of 1836, and found that towns in which rain water only was used there were only imported cases; while in those localities where well and canal waters were used cholera was prevalent in an epidemic form, and in those localities where a purer water was furnished the cholera disappeared.

Dr. Chandler reports that in the epidemic in New York, 1866, that the cholera was spread by the use of water from a certain

well, and that the use of water from Van Brunt's street pump caused the disease in fifty families in Brooklyn.

Dr. West Lord, states that the death-rate has been lower in Calcutta since the city was supplied with better water.

Dr. Penlenkoff reports that many towns in Germany have escaped a visitation of the cholera since better water was supplied and more thorough drainage established.

Dr. Prout says that the use of water of bad quality is one of the most common causes of cholera.

Dr. Lereboullet has made the same observation (*Progress Medicales*, 1884.)

The great German investigator, Koch, declares that polluted water is a most potent agent in the production and spread of the disease, and the best way to avoid it is to use pure water.

Dr. Stokes, in his lectures, instances the case of a certain Irish village which enjoyed exemption from typhoid fever, while all its neighbors were scourged. Yet surrounding conditions were the same, save in one particular, its water supply was excellent, and unpolluted by the inhabitants.

Sir Wm. Jenner says the spread of typhoid fever by germs is less attributable than cholera, that the bowel excreta supplied with drinking water is the most efficient cause of the spread of the disease in any locality, and that the difference of the disease in any locality is governed by such pollutions of their drinking water.

It is stated that an epidemic occurred in a Yorkshire College, caused by the dejections of two students affected by the disease, gaining access to the well, through a defective sewer-pipe.

At Caterham, England, a well sink polluted the water supply, and Dr. Throne traced an epidemic, involving eight hundred people, to this cause. To the same cause was traced an outbreak in a Bavarian convent, when the use of the water ceased, the epidemic disappeared.

Dr. Parkes gives a pertinent illustration of the fact that in the village of Nunney typhoid fever dejections secured access to a certain stream, from which the inhabitants secured their drinking

water. Ten per cent. of the inhabitants were attacked with the disease.

The Massachusetts State Board of Health, 1876, propounded one hundred and eighty-eight questions in regard to general water pollution, receiving ninety affirmative replies; three sent no report of resulting disease; forty-four reported typhoid fever, six dysentery, four scarlet fever, two cerebro-spinal meningitis, and eleven simply disease.

T. Spencer Wells says: "Decomposing human remains so pollute the earth, air, and water as to diminish the general health and the average duration of human life among our people."

Prof. Brande found a well near a church-yard, the water of which had acquired color and odor from the grave.

Leporte found a well at St. Didier, three hundred feet from a grave-yard, containing ammoniacal salts and organic matter, becoming putrid and vapid to the taste soon after being drawn.

Eastric states, that during the Peninsular war the English troops suffered from fevers and dysentery, caused by drinking water contaminated by the graves of their soldier companions.

Adams relates that a certain plague existed in Barbary. Those who drank water percolating through a cemetery were alone affected, while the rest escaped.

Reinhert records that the victims of a certain cattle plague, which existed at Dresden, were buried a dozen feet beneath the surface of the ground; a year afterwards the water in a well, situated one hundred feet distant, contained lime, and was fetid.

Koch, Pasteur, and Darwin all contend that the mediæ through which these disease bearing germs are borne are earth, air and water.

A case is reported in the New York Board of Health Reports of typhoid fever caused by drinking milk from cattle using water from a polluted pond.

We think we have given sufficient authorities to establish the fact that water may be so contaminated as to produce disease, and very materially assist in its diffusion. As compared to the

air, it is undoubtedly much more potent in this respect of the two for evil.

And now, in conclusion, as it seems that we do not know what is, or what is not, good water, we beg leave to submit the following tests for potable water. They are taken from the most reliable of all the publications on this side of the Atlantic—the *Scientific American*. They are simple tests that any one may try. They are as follows:

*Test for Hard or Soft Water.*—Dissolve a small quantity of good soap in alcohol. Let a few drops fall into a glass of water. If it turns milky, it is hard; if not, it is soft.

*Test for Earthy Matters or Alkali.*—Take litmus paper dipped in vinegar, and if, on immersion, the paper returns to its true shade, the water does not contain earthy matter or alkali. If a few drops of syrup be added to a water containing an earthy matter, it will turn green.

*Test for Carbonic Acid.*—Take equal parts of water and clear lime water. If combined or free carbonic acid is present, a precipitate is seen, to which, if a few drops of muriatic acid be added, an effervescence commences.

*Test for Magnesia.*—Boil the water to a twentieth part of its weight, and then drop a few grains of neutral carbonate of ammonia into a glass of it, and a few drops of phosphate of soda. If magnesia be present, it will fall to the bottom.

*Test for Iron.*—1. Boil a little nut gall, and add to the water. If it turns gray or slate, black iron is present. 2. Dissolve a little prussiate of potash, and, if iron be present, it will turn blue.

*Test for Lime.*—Into a glass of water put two drops of oxalic acid and blow upon. If it gets milky, lime is present.

*Test for Acid.*—Take a piece of litmus paper. If it turns red, there must be acid. If it precipitates on adding lime water, it is carbonic acid. If a blue sugar paper is turned red, it is a mineral acid.

## INAUGURAL ADDRESS BEFORE THE PAUL F. EVE MEDICAL SOCIETY.<sup>1</sup>

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BY

W. F. CRUNK, M.D., OF SHELBYVILLE, TENN.

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*Gentlemen of the Paul F. Eve Medical Society :*

Before alluding to the purposes for which we have just completed our organization, allow me to express my thanks for the honor you have conferred upon me in making me your President. My gratitude for the compliment I can but feebly utter in words, and therefore hope that it may be fully shown by the zeal and interest I shall manifest in the future progress of our Society. I hope I fully realize the responsibility devolving upon me, and ask each and every member, so far as they can, to assist me in the discharge of the duties, and in earnest efforts to keep a growing interest in our enterprise.

Gentlemen, I need not refer to any thing in the past to convince you that nearly all the great achievements the world has ever known have been the result of personal conferences. Upon these to-day are based the wisdom of every State constitution where good government is maintained and liberty is protected. Go into our halls of science, and we find that their greatest developments are the results of associated labor. Take our own profession, and how many diseases can we mention which have required the combined mental skill of our most eminent physicians to fully diagnose and ascertain the curative medicines. So, I say, it is useless to refer to these, because you are already convinced of this truth.

What I wish most especially to call your attention to, is that our organization takes in the whole field of our profession, and that it does not follow that because we find certain cases wherein certain remedies are universally applied that it is a settled ques-

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<sup>1</sup> Published by the unanimous request of the Society.

tion in medicine, and needs no further investigation on our part. It is our duty to delve into the most simple mysteries of our profession, and know for ourselves whether the old, settled modes of procedure be correct or not. In other words, we should know for ourselves upon our own personal examination, and not let our knowledge be simply the adoption of the views of others, untested by our judgment.

The institution with which we have linked our fortunes is based upon this idea, and in our own coattendant Society we should strive to operate upon the same basis. By each and every member of this Society making it a personal matter with himself to attend our meetings, and take a part in the discussions, whether an appointee or not for the especial occasion, we can assure ourselves that the benefit we will derive is almost inestimable.

The traditions of our wisest physicians show us that, when in the midst of their practice, the life of a patient is surely slipping away from them; when the brain has exhausted itself in the search of remedies, the Society discussions while they were at school would rush through their minds, and with them some suggestive remedy for the disease at hand not yet tried. Hope seizes the idea, the remedy is applied, and this is the first means the physician could see by which the life of his suffering patient could be saved. It is thus that our science as well as all others are the result of personal experience, together with personal conferences; and the greater degree to which these are carried the greater will be the perfection of our science.

A single glance at what has been accomplished in the last decade is a sufficient notice to us of what our duty is. So, then, I am proud of this opportunity of urging a lively interest in our Society, knowing that the result of this we will feel in the years to come.

And now in conclusion, gentlemen, let me say the occasion that gathers us together to-night is a pleasant one. We who have left the joys and comforts of happy homes to come among strangers to toil and work for our chosen profession in this beautiful city of the old Volunteer State of Tennessee. It is an occasion when the memory of other days will fall upon us with the



token of genial sunbeams in our hearts, thinking of the members of the Paul F. Eve Society who have been separated from us; and in years to come, if we should chance to meet, we will meet each other with that cordial grasp of the hand, and each one of us will remember the pleasant scenes and associations that can never be forgotten in this hall. Students will meet students with a warmth of feeling that tells as plainly as a whisper in the ear of the joy of our meeting here, while a silent tear will start from our eyes as the name of some fallen ones who have passed away, and who there sleep under the sod.

And now to my fellow-classmates, who hail from the Northwest and the mountains of the East and the beautiful snowy cotton-fields of the South. Allow me, in behalf the Tennesseans assembled here, to welcome you to our grand old State, and to say to you from the North, that we live in a reunited country; that the people of our grand republic are no longer aliens and enemies, but, thank God, we all live under one grand flag. We are glad that you have come among us, so that you can see more of the Southerner, and in the destiny of our great country, the Southern man feels as much pride and patriotism as his Northern brother. The feelings of the war are forgotten with us. We are rejoiced to know that we have medical schools springing up in the South as well as in the North; and by the touch of the magician's wand from our hills and valleys, the grand strides made by our people have astonished the world. Our young men, by their heads and hearts, have shown to the world that it is adversity that develops true worth. The Southern woman, a noble type of her sex, bowed like a flower with the dew-drops of morning, has lifted her head to proudly glitter in the dazzling radiance of the rising sun of Southern prosperity, and Southern power.

But while we rejoice in this meeting to-night, our hearts can but gratefully and kindly turn to one of the grandest men whom the world has ever known, and for whom our Society is named—one who was one of the founders of this grand institution; and it was through him, although he sleeps in his silent grave to-night in a sister State—I say it was he who conceived the plan and

originated this successful institution. He is absent from us to-night, yet he is most ably represented here in the persons of two of his sons, perfect specimens of physical manhood as their most worthy sire, courteous, gentlemanly, and in every way well qualified to wear his distinguished mantle; and by their energy, patience, and indomitable will, aided by their talented and gifted colleagues, will continue in the future, as in the past, to press forward their good work, and place this institution in the very front rank among the educational enterprises of our progressive country.

And now, gentlemen, again thanking you for the honor conferred on me, I announce that the Society is ready to proceed with the regular business.

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## NATURE'S EFFORT AT GETTING RID OF A FOREIGN SUBSTANCE IN THE ALIMENTARY CANAL.

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BY

O. SNEED, M.D., OF M'KENZIE, TENN.

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On the 1st of October, 1886, I was called to see a negro child, æt. 7 weeks. Its mother stated that "one of its ribs was coming through its belly."

On a careful examination of the child, I noticed the appearance of an abscess on the right side of the abdomen, just a little to one side and above the umbilicus, which the mother stated that she had opened with a sharp-pointed pocket-knife two days before. It was discharging pus in abundance. Noticing something at the place from whence the pus was welling up that did not seem to belong there, I grasped it with a pair of dressing forceps, and drew from the abscess cavity the blossom end of a "broom-corn stalk," with eighteen straws attached to the stalk, and measuring in length four inches; and, to my surprise, it was well wrapped and bound around with the long hair of a white

woman. The foreign substance must have passed by ulcerating through the upper part of ascending colon. The child having been nursed by a small boy, its brother, I suppose he gave the child to pacify it the bundle of broom-straws, which had been wrapped together by some woman, used as a tooth-brush, and dropped on the floor.

The nurse gave it to his little brother to please him, who at once put it into his mouth and swallowed it. It passed on to the colon, and then became lodged, and, infringing against the walls of the bowel, acted as an irritant, produced ulceration, the resulting abscess, and was withdrawn by me on the 1st of October. At this writing (October 17th), the child is doing well, the abscess entirely healed, and everything seems all right.

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## Correspondence.

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### LEGISLATIVE ENACTMENT FOR MEDICINE.

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GAMBLES, TENN., November 10, 1886.

*To the Editors of the Southern Practitioner :*

As the subjects of vital statistics and medical legislation seem to be a "free fight," and as it concerns every practitioner of medicine in Tennessee, I take the liberty to send you this communication.

I have carefully read Dr. Fite's communication to the Legislative Committee of the State Medical Society, and must say that I heartily concur with the Doctor in the main, but differ in some points of minor detail.

Dr. Fite says that "without we know who and what constitutes, under the law, a physician, vital statistics would be a farce and a sham," and then adds that the failure of the late vital statistics act was from that cause. So far as regards this particular portion of the Commonwealth, the Doctor's statement is as true

as gospel; and I take it for granted that it is so of other portions of the State.

We need a good vital statistics law, and must have it; but it will accomplish nothing so long as Tennessee is infested with the quacks and knaves that now roam at liberty over her domain. What would statistics reported by such doctors be worth to science? How are we to know them? Their ear-marks are not always visible; and if they make reports, will their diagnosis be correct? If it is not, of what account will be their reports?

It is a crying shame that so grand a State as ours should have no record of the prevailing types of disease that affects our population at different times and places, and no record of marriages, births, and deaths; but such will continue to be the case until we can get a law that will clearly define who and what constitutes a physician. Accuracy in diagnosis or failure in vital statistics is inevitable, and accuracy in diagnosis can only be accomplished by compelling the medical practitioners to qualify themselves; and that can only be attained through a good practical law, rigorously enforced, requiring every graduate and every undergraduate to appear before an impartial, just, non-political, and thoroughly competent board, there to be carefully examined, in order that his or her qualifications may be made known and certified to, or their incompetency ascertained, and then relegated to the rear, there to follow an honest calling, or to prepare themselves for the responsible duties of physicians and surgeons.

I have often heard the learned and beloved Bowling declare that "medicine and things medical belong to medical men," and, like his students generally, believed that what he said could not be wrong, and that belief is very strong to this good day. But it seems to me that if medical men will prepare a vital statistics bill and a bill to regulate the practice of medicine, and the legislators endorse them, and the Governor approves them, and affixes the great seal of State, and the Boards of Health undertake their execution, that will eminently be things medical in the hands of medical men. It is difficult to understand the cause of the opposition to such laws by many of our most distinguished teachers and practitioners. Nevertheless, as Dr. Fite has pointed out,

such opposition does exist, and from the best talent the State contains. Perhaps these distinguished gentlemen are not brought into daily contact with the stupendous ignorance of a considerable class of so-called regular practitioners of the present day; perhaps they have not seen typhoid fever treated for *worms*; perhaps they have not been called to assist instrumental delivery a week before labor commenced; perhaps they have not been called upon to assist in an operation for a pelvic hæmatocele when none existed, and no sign of one. From another class, perhaps, they have not seen a common wart gravely pronounced a cancer, and saw a plaster of chlor. zinc applied, for which the sum of thirty-five dollars first had to be obtained at a sacrifice of double that amount of property that could ill be spared! Perhaps the law-makers themselves have never seen such sights; hence, their apathy on the subject. Nevertheless, such scenes have been enacted, and doubtless will be again, unless the "powers that be" interfere to prevent it.

Recently, in conversation with a candidate for legislative honors, this subject was introduced, to which he replied that the only cause for opposing such a measure that he could see was the fear that if such a law was to be enacted the poor could not get a doctor when they needed one. I stated to that gentleman that nine-tenths of the charity practice was done by the reputable, conscientious physicians; that the insatiable greed of the charlatan recognizes no charity, and such a law would not injure the poor, but react to the good of all. Observation bears me out in the assertion.

The point of difference with Dr. Fite, is the advice he seems to adopt: "Commence low and build up. Do not interfere with the practitioners who are at work." I can advocate no such doctrine. Let us have a good law, or none. Give us a fair and impartial board that knows its duty, and will do it well. Send us all before it, graduate and non-graduate, to stand a close examination, and let merit win. Such a measure may halt you and me for a season, gentle reader, but we would rise and come again, refreshed in mind and body.

Respectfully,

C. D. McNABB, M.D.

## AN OPEN LETTER AGAINST LEGISLATION IN REGARD TO MEDICINE.

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BY

J. W. DAVIS, M.D., SMRYNA, TENN.

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Our friend, Dr. C. C. Fite, seems still to be at unrest in his mind about the welfare of the good people of our grand old State of Tennessee—a people who have always been amply able to take care of themselves, since the day they left the Carolinas and the Old Dominion to settle at the “Watauga.” I want Dr. Fite, and the committee to whom he addresses his open letter, to look at the people and the doctors of our Commonwealth, and notice the proud bearing of both people and doctors; see the intimate relations existing between the people and their family physicians. They love, respect, and defend their good names against all pretenders and quacks; whilst the doctors are proud of their love and confidence, and labor faithfully and constantly to perform every duty expected at their hands. The good doctor may be compared, not inaptly, to the good shepherd in the Scripture, for he will lay down his life for his people! And it always makes me feel ashamed when I hear of any man who sprang from the loins of our noble ancestry asking for a law to regulate the practice of medicine among such people and such doctors. As well ask for a law to regulate the rules of politeness. There is no necessity for the law.

- Really, there is no need for a law to regulate the practice of medicine in Tennessee. It is a slur upon our people, and doctors,—a disrespect and odium cast upon our medical schools; for the law can do nothing more than set up a little irresponsible examining board at each county seat to sit in judgment upon their fellow-practitioners—their *rivals maybe*—who have diplomas from some of our best medical schools. If a diploma from a good faculty of medical teachers is worth nothing, what is a certificate

from this little board worth? Ah, they say: We don't examine graduates; but the advice is to "commence very *low*, and to work up." But we will not beg the question, as is sometimes said.

Many men can, and do, practice medicine well who never graduated, and who could not stand a creditable examination on all the various branches of medicine as taught in our schools at this time. As I said once on this subject before, we must have circuit riders in medicine as well as in theology.

As to quacks and other pretenders coming from other States, it all moonshine, fol-de-rol. They could not make enough in Tennessee to take them back to where they came from. I was in hopes that Dr. Fite would get clear of his hallucination on this subject when he got in the purer air of his mountain home, near Knoxville.

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### *Selections.*

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**DEEP BREATHING.**—The lungs seem in a sense to be scavengers—as one of the products of decomposition, carbonic acid appears, as we know in the tissues of the body; from them it is taken up by the blood, carried to the lungs and exhaled from the pulmonary mucous membrane as a gas. The expired air contains four per cent of its volume of carbonic acid and a series of experiments made by French scientists proved that this amount varied in different individuals, depending upon the lung capacity. It follows, then, that since every part of the organism is susceptible of culture, the capacity of the lungs can be increased, not only as to the amount of air they can inhale, but also the length of time that air can be retained in the lungs. Of course an increasing time is given for the interchange of gasses, there is a more prolonged inter-communication between the "residual" and the inhaled air, the carbonic acid is necessarily exhaled in a greater quantity, and since the lungs cannot in a state of health remain empty, the cells are richer in oxygen and the blood by contact becomes purer.

Oxygenized blood is as essential to health and to growth, as it

is inimical to disease. The object of sanitation, as of medicine, is to make the fluid upon which life's processes depend better fitted for its function, as a natural sequence of perfectly healthy blood is nutrition and growth of the body.

Careful observation of one hundred moderately healthy children between seven and fourteen years will afford proof of the statement that not more than ten per cent., if as many, use their lungs to their full capacity, few have perfectly erect carriage, many have varied degrees of round shoulders, while not a few carry the head in advance of the body.

It would seem to be one of the duties of the family physician to call the mother's attention to this need of the child, and by instruction in the meaning of the few rules here suggested the little one may be taught to get the very most out of the air with which she is surrounded.

#### *To Practice Deep Breathing.*

1. Stand erect, the feet separated, the right slightly in advance.
2. Shoulder and head in natural position.
3. Hands lying tightly on the abdomen, the fingers pointing to the umbilicus. Compliance with this rule enables the child to be sure she is using the abdominal as well as the pectoral muscles in respiration.
4. Empty the lungs of air ; then close the mouth.
5. Inhale slowly through the nostrils using abdominal as well as chest muscles. (The lungs thus receive the utmost possible amount of pure oxygen and the muscles have exercise.)
6. Hold the breath as long as possible, and meanwhile use the ordinary calisthenic exercises.
7. Never exercise except with the chest well expanded with air.
8. Exhale slowly, enunciating the vowel sounds as the air passes the lips.

It is well to call the attention to the fact that when the child begins these lessons she makes many mistakes. The lungs are not half filled, the exercises are nervously executed, and of course



are imperfect, and she catches her breath between the vowel sounds. Sometimes she inhales with undue force, holds the breath until the face is flushed, and dizziness is complained of; but do not let her be discouraged. *Vires acquirit eundo*. In a fortnight the rules are acquired, and practice produces the desired results.

The habit of deep breathing once fixed, the proper development of the voice will come in its order, and besides being conducive to health, the wise use of the respiratory organs will be an aid in acquiring that most delightful accomplishment for our daughters, reading and speaking well.

There can be no doubt that there is great advantage to the growing child in properly training him in the direction of deep breathing, as it not only oxygenates the blood and tissues to better advantage but develops the chest muscles, and stimulates the child in the direction of increased energy physical and mental. The remark that has very properly been made regarding beer drinkers, "drink beer and think beer," may well be made to apply in this connection: breath deeply good pure air and think deeply good pure thoughts.

In addition to teaching the importance of this subject, the family physician should impress upon the minds of the patients under his care the importance of breathing through the nose rather than through the mouth. Nature intended the nose as a breathing organ as well as a smelling one; in fact, the latter function is adjunct to the first, as, warned by the sense of smell, the air which contains offensive and injurious odors can be avoided.

The nose as a breathing organ warms the air and drains it (by means of the free distribution of hairs within the nostrils which act as a sieve) of its irritating particles, thus rendering it more fit for absorption through the capillary vessels of the lungs. Some nation has a proverb which in substance says: Fear not the man who breathes with his mouth open.

Children who breathe habitually through their mouths are much more prone to disease of the air passages of both the congestive and infectious class. Impress the child with this maxim: Talk and eat with the mouth, smell and breathe with the nose.—*Weekly Medical Review*.

**SOME PRACTICAL SUGGESTIONS ON THE TREATMENT OF DIPHTHERIA.**<sup>1</sup>—Diphtheria is a common disease, and it is one of the most fatal. As one illustration of many, in five years there were 17,193 cases in New York alone and 7,263 deaths. It is a disease that every physician will be called to treat sooner or later, and being called must act promptly. This is not the place for a long essay upon the different theories of diphtheritic contagion and progress; rather let us enter at once upon the discussion of the practical questions involved in conducting the disease to a favorable issue.

Let me very briefly sketch the manner of invasion according to conclusions which seem most reasonable and are by many accepted:

1. Diphtheria is contagious—or rather portagious, and of parasitic origin.

2. It is most readily implanted upon a mucous membrane denuded of its epithelium.

3. It is probably always local in its incipency, sometimes becoming rapidly systemic from the beginning.

To further explain rather than to argue these propositions, let me say that the best protection against diphtheria is a mucous membrane entirely healthy; and an ordinary acute or subacute laryngitis or pharyngitis is a condition favorable to the implanting of the diphtheritic germ. When the epithelial layer is intact the diphtheritic germ finds no foothold, but when there is an abrasion or denudation of the lining membrane, the diphtheritic bacteria first attach themselves to the surface so prepared for them. This is the local period of the disease and no micrococci are found in the blood—there is no constitutional symptom. Sometimes, though there may be rapid surface involvement, and free formation of the characteristic membrane, there may still be little absorption of the diphtheritic virus.

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<sup>1</sup>Read in the Section on Laryngology, at the Thirty-seventh Annual Meeting of the American Medical Association, by Wm. M. Porter, M.D., of St. Louis, Mo. Physician to Throat and Chest Department of St. Louis Protestant Hospital, of St. Louis City Hospital, of the Female Hospital, and Physician to St. Luke's.

Many of these almost purely local conditions suggest a doubt as to their specific nature. It is well to give the patient the benefit of the doubt, and to treat urgently all suspicious-looking exudations upon the surface of the respiratory tract. Practically, a certain number of cases of diphtheria are constitutional from the beginning, the point of infection being in some recess of the naso-pharynx or larynx, and easily overlooked—or is beyond the range of vision. I am not sure but that infection may occur from primary invasion of the membrane of the alimentary canal. Klebs, in the second Congress of the German Physicians, speaks of a diphtheritic involvement of Peyer's patches resembling the reticular appearance in the early stages of typhoid. In by far the greater number of cases the rapid multiplication of the bacteria—whether sphero-bacteria as are found in severe cases, or whether short and slender rods as in milder cases—produces an inflammation of the mucous membrane, exudation takes place, the epithelial cells die, and the bacteria pass into the blood and rapidly multiply throughout the circulation. Even should we deny with Beale, that the contagium is bacteria, we still must admit that the hypothesis of local infection furnishes the most rational explanation of the sequence of symptoms.

Granting this, we have two purposes in treatment in the early stages of diphtheria :

1. To destroy or render harmless the local manifestation of the disease.
2. To increase the power of resistance in the general system to infection.

In dealing with the false membrane all measures which would tend to irritate or injure the air passages should be avoided. There should be no tearing away of the exudation, or application of caustics—nor do I think that, except in cases where there is only a small well-defined patch of membrane, the use of the galvano-cautery will prove expedient. To prevent absorption, not only should we avoid making new abrasions in the throat, but I have thought it wise as far as possible to cover up those that already exist.

First of all, it is well to remove from the naso-pharynx, or

pharynx, if that be the site of invasion, whatever of accumulated mucous and *débris* there may be. This may be readily done by means of a small syringe and a weak solution of salt water, or of Listerine. This may be used either through the nostril or directly into the pharynx. To loosen the attachments and hasten the resolution of the diphtheritic membrane, many means have been advocated.

When the patch can be reached, a solution of papayotin may be applied ; or better still, one of trypsin. This last used in solution, as suggested by Fairchild and Foster, or still better, a few grains with one or two of bicarbonate of soda, made into a paste with water and spread upon the diphtheritic patch, is the most rapid solvent I have known. If the local disease is beyond the reach of such an application, an alkaline solution of trypsin may be sprayed into the nose or larynx.

After several applications of trypsin within the hour, a still further attack may be made upon the local disease. Having used more or less freely most of the germicides, astringents, and antiseptics commended in the treatment of diphtheria, I have abandoned all else for a solution of equal parts of the tincture of the chloride of iron and glycerine. I have cause to consider this, when well applied over the entire extent of the diseased surface, an almost entirely complete bar to the progress and absorption of the diphtheritic virus.

1. If the potency of the disease lies in the rapid multiplication of bacteria, so strong a chlorine solution is certainly indicated.

2. If absorption takes place through the abraded surfaces and "mouths of lymphatics open," as stated by Oertel, we would from *a priori* reasoning expect some good from the local use of iron, while the glycerine may be something more than a mere vehicle, in that it may by affinity relieve to some extent the turgid capillaries of the mucous membrane. The application should be made frequently.

Let me say, in urging the efficacy of this agent, that for two years I have not seen, a case of diphtheria die where the whole of the false membrane could be seen and repeatedly covered with this solution, and where appropriate general treatment was given.

Three within the last week, and many times during the past year, I have seen the characteristic membrane shrivel up and become detached under the influence of the iron and glycerine.

When the local attack is out of reach of the direct application by means of the brush, or, better still, the cotton-covered probe, the case is very different. When the invasion is in the nasopharynx or in the larynx the result may well be dreaded. Even in such instances I believe the best procedure is to apply the iron locally by spray, and where possible by the cotton-covered probe.

The covering in of the diphtheritic patches with tolu varnish, as recommended by Mackenzie, may follow the thorough use of the iron solution, and is doubtless protective.

Not only is local treatment important, but it is important to institute it early. The physician should be called at once in every case where there is a doubt. Parents should feel that they are responsible for delay, and that delay is exceedingly dangerous. Many cases that during the first twenty-four hours are easy to treat and are curable, are a little later beyond the reach of the most skillful.

A few words as to general treatment. Here too I have no sympathy with halfway measures. First of all in every case, I nearly always counsel the administration of enough calomel and soda combined to thoroughly evacuate the alimentary tract. It empties the canal of any accumulated material, it stimulates important secretions, and with Ritter, though not to the extent to which he advocates it, I believe it has a favorable influence upon the general condition. At least it clears the decks for action. As soon as the bowels of the child have been well moved, and sometimes not waiting for that, the internal use of the iron and glycerine solution (the same as that used in the throat), may be begun; for we need not fear any chemical reaction. To show that others are falling back upon this well-known agent, let me quote from an editorial in a recent issue of the *New England Monthly*: "It is interesting and somewhat gratifying to note that after each excursion into the domain of experimental medicine, the profession invariably returns to the older and more ef-

fective method of treating diphtheria, which consists of tonic doses of the tincture of iron, and a system of extreme nourishment."

To anticipate and antagonize general invasion, the general as well as the local treatment should be instituted early. Where the symptoms demand, I prescribe two drops of the iron and glycerine solution for each year of the child's age, in a little water every two hours, and midway between each dose the diphtheric patch is to be touched or sprayed with the solution. Thus there is an opportunity for the ferric solution to be brought in contact every hour, with so much of the diseased membrane as is in the pharynx.

I have not discussed much of the poly-treatment of diphtheria as practised to-day—nor have I time to outline the emergencies which may arise, as I had thought of doing. My object has been to propose a plain and direct method of treatment, which any one may use and which is not an experiment.

Many other remedies are often to be added. Pilo-carpine, when the skin is dry, and there is spasmodic laryngeal contraction; quinine, when the fever is excessive; steam from slacking lime when respiration is labored and the respiratory tract dry; and tracheotomy or intubation when the larynx is greatly obstructed.

Let me in conclusion suggest that the physician demand of the people among whom he practices, that they call him at once when suspicious symptoms are observed, and that he answer quickly, act promptly, and see that his instructions are implicitly obeyed. To treat diphtheria is to fight a battle—there should be no delays, surprises nor compromises.

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**CONGENITAL HEREDITARY ATONIC DYSPESIA.**—During a practice of twenty years, I have prescribed Lactopeptine to patients of all ages, and have never been disappointed in its action when indicated. But I desire to speak in particular of its action in a case of congenital hereditary atonic dyspepsia in an infant, to whom I began to administer this remedy on the third day after birth. Mrs. H. L. S., Langside, Miss., was delivered of

a male child, in whom there was manifested well-marked symptoms of atonic dyspepsia. The mother had been a victim of dyspepsia from girlhood, and had inherited the malady from her mother.

The infant was put to the breast a few hours after birth, and nursed readily; but almost immediately rejected the milk. Repeated trials all resulted in vomiting, followed by exhaustion. Other articles of food were tried, including cow's milk, etc., without improvement. The child was in great danger of starvation. On the third day, I began the administration of Lactopeptine. The effect was immediate and almost miraculous. I ordered one-sixteenth of the adult dose to be dissolved in about two ounces of breast milk (drawn from a robust, healthy wet-nurse), and administered every two and a half hours. There was no more rejection of milk—except the usual vomiting of curdled milk, to relieve the crowded state of the stomach, which occurred occasionally, after the first ten days. Condensed milk, cow's milk (properly diluted and sweetened), Mellin's food, boiled bread (pap), were, after a while, substituted for breast milk, but always with Lactopeptine. A steady improvement was manifest from the beginning, and kept up during the first dentition, which process was gone through with in a most satisfactory manner. No untoward diarrhoea or intestinal disturbance characterized this period, and, at ten months, the child was virtually cured of its dyspepsia, and could eat and digest ordinary food such as children of that age may do in good health. The parents of the child believe firmly (as I do), that Lactopeptine saved their infant.

In cholera infantum, in diarrhoea, and in all of the disturbances of the alimentary canal, during dentition and early infant life, I find Lactopeptine an ever-effective and reliable remedy. In adult dyspepsia, all are now familiar with its beneficial effects; but I should be glad if the profession would be induced to try it in the vomitings, diarrhoeas, and dyspepsias of infancy. I recall several babies whose lives I believe I could have saved had I known, ten years ago, what I do know of the ready adaptability of Lactopeptine to infant's ailments.—*R. Walker Beers, M. D., Angola, La., in the Medical Brief.*

# HORSFORD'S ACID PHOSPHATE

vs.

## DILUTE PHOSPHORIC ACID.

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The attention of the profession is respectfully invited to some points of difference between Horsford's Acid Phosphate and the dilute phosphoric acid of the pharmacopœia. Horsford's Acid Phosphate is a SOLUTION OF THE PHOSPHATES OF LIME, MAGNESIA, POTASH, AND IRON IN SUCH FORM AS TO BE READILY ASSIMILATED BY THE SYSTEM, and containing no pyro or meta-phosphate of any base whatever. It is not made by compounding phosphoric acid, lime, potash, etc., in the laboratory, but is obtained in the form in which it exists in the animal system. Dilute Phosphoric Acid is simply phosphoric acid and water without any base. Experience has shown that while in certain cases dilute phosphoric acid interfered with digestion, Horsford's Acid Phosphate not only caused no trouble with the digestive organs, but promoted in a marked degree their healthful action. Practice has shown in a great variety of cases that it is a PHOSPHATE WITH AN EXCESS OF PHOSPHORIC ACID that will better meet the requirements of the system than either phosphoric acid or a simple phosphate. "Phosphorus," as such, is not found in the human body, but phosphoric acid in combination with lime, iron, and other bases, *i. e.*, the phosphates, is found in the bones, blood, brain, and muscle. It is the phosphates, and not the simple phosphoric acid, that is found in the urine after severe mental and physical exertions or during wasting diseases.

We have received a very large number of letters from physicians of the highest standing, in all parts of the country, relating their experience with the Acid Phosphate, and speaking of it in high terms of commendation.

Physicians who have not used Horsford's Acid Phosphate, and who wish to test it, will be furnished a sample on application, without expense, except express charges.

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# PHOSPHORIZED ELIXIR

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Each dessertspoonful contains—

Free Phosphorous, gr. 1-100.

Total Calisaya Alkaloids, gr. 4.

Pyrophosphate of Iron, gr. i.

This is the only preparation containing in solution **Free Phosphorous, Pyrophosphate of Iron, and Calisaya Alkaloids.**

It is the only Elixir of Calisaya which contains an effective proportion of Alkaloids.

The proportion of these Alkaloids is *invariable*—of Quinia, Quinidia, Cinchonina, Cinchonidia, and Chiniodine. The exhibition of a given dose of these Alkaloids **in solution** with agreeable pungent aromatics, produces more emphatic and certain results than the same dose in the pill or powder form.

It is the only preparation extant containing Phosphorous in solution. A dessertspoonful actually forms a very effective dose of the combined remedies for an adult.

It is a beautiful bright amber-colored elixir, acceptable alike to the taste and to the stomach.

As a tonic in convalescence from fevers and debilitating diseases; as a brain and nerve tonic and invigorant, these remedies have long enjoyed high repute. As combined in this "PhosphORIZED Elixir" (Fairchild), better results may be anticipated than from any other form in which they are prepared.

It is important to specify Fairchild's, owing to the great number of similarly named but valueless "Elixirs of Calisaya."

**FAIRCHILD BROS. & FOSTER,**  
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## *Reviews and Book Notices.*

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A TREATISE ON THE PRINCIPLES AND PRACTICE OF MEDICINE. Designed for the Use of Practitioners and Students of Medicine. By AUSTIN FLINT, M.D., LL.D., late Professor of the Principles and Practice of Medicine and of Clinical Medicine in the Bellevue Hospital Medical College, New York. Sixth edition, revised and largely re-written by the author, assisted by William H. Welch, M.D., Professor of Pathology in Johns Hopkins University, Baltimore; and Austin Flint, M.D., LL.D., Professor of Physiology in the Bellevue Hospital Medical College, New York. Philadelphia: Lea Brothers & Co. 1886.

The preface from the pen of the son of the author thus refers to the changes this edition embodies:

"The claim in the preface to the fifth edition 'that the eliminations, substitutions, and additions rendered it essentially a new work,' can with equal propriety be made for the present edition as compared with the edition issued in 1881. Among the entirely new articles, special attention may be called to the following: Infectious Tumors, Syphilitic Diseases of the Lungs, Cerebral Syphilis, General Considerations relating to Inflammatory and Structural Diseases of the Spinal Cord, Spastic Cerebral Paralysis of Children, Hereditary Ataxia, Myxœdema, Multiple Neuritis, General Pathology of Fever, and Milk Sickness. In addition to these new features, many articles have been entirely rewritten; and in nearly every article changes and additions, some of them very important, have been made. . . .

"As already stated, the sixth edition contains a full consideration of recent discoveries concerning the bacterial origin of various infectious diseases, as will be rendered evident by a consultation of the article on Vegetable Parasites in the chapter on Etiology, and articles in the chapter treating of Tuberculosis, Typhoid Fever, Cholera, etc."

We decline either to commend or to criticise, in a popular sense, any portion of this most complete work. The first would be to borrow high, confirmatory views; the last to run our own ways, and give liking to nothing but what is framed by ourselves and hammered on our anvil.

We fully concur in the statement that its influence on English-speaking physicians of the present generation is unsurpassed; and we think it would be hard to suggest a material improvement upon its present technical or literary aspect. It is worthy of consideration as a near attainment to a most exalted and glorious ambition.

**HOW WE TREAT WOUNDS TO-DAY: A Treatise on the Subject of Antiseptic Surgery which can be Understood by Beginners.** By R. T. MORRIS, M.D., late House Surgeon to Bellevue Hospital, New York. Second edition. New York and London: G. P. Putnam's Sons. 1886.

It is painful to see such a high stage of the art presentative as this little book exhibits, employed to perpetuate such poverty of taste and such luxury of self-sufficiency.

It is true that from it may be learned one way of using corrosive sublimate solutions, iodoform, and animal ligatures and sutures, as well as articles which wide courtesy could hardly claim as antiseptic; and its practical character makes it have a present adaptation to general practitioners and to students. An attendant, but not an unimportant result, will be effected in an adverse influence upon superlatively bad styles of didactic writing and sophistical reasoning, of which it stands a prominent example.

To transform now our author into some such a traditional character as the Richard Roe of court fictions, and to consider his cause apart from his method of presenting it, if it be neither a pleasant nor an easy task, seems none the less a duty.

The immortality Sir Joseph Lister has won has its dependence upon the fact that sepsis makes unresisted advance only in unhealthy tissue. To use the words of this great man, "Healthy living tissues have the power of preventing the development of bacteria in their vicinity." The causal relation of the ubiquitous

bacterium is not yet made out; and this is all the more wonderful when we think how often the wish has fathered the thought.

With these important concessions in mind, rational wound treatment may be promoted, and Listerism may sooner be reduced to its proper sphere and accorded its merited triumph.

OUTLINES OF THE PATHOLOGY AND TREATMENT OF SYPHILIS AND ALLIED VENEREAL DISEASES. By HERMANN VON ZEISSL, M.D., late Professor at the Imperial-Royal University of Vienna. Second edition. Revised by Maximilian Von Zeissl, M.D., Privat-Docent for Diseases of Skin and Syphilis at Imperial-Royal University of Vienna. Translated by H. Raphael, M.D., Attending Physician for Diseases of Genito-Urinary Organs and Syphilis, Bellevue Hospital, Out-patient Department. 8vo., pp. 402. New York: D. Appleton & Co. 1886.

It is a little curious to note the difference of the scope of this book from that of the preceding.

This is the outcome of a life devoted to a single subject. It is a good, practical work, full of German plainness, and painstaking. It is restricted to expounding the doctrines of its subject already proposed. It claims to contain very little that is new.

A partial and a hurried examination of it has won a very favorable impression of its value from us.

THE SURGERY OF THE PANCREAS, AS BASED UPON EXPERIMENTS AND CLINICAL RESEARCHES. By N. SENN, M.D., of Milwaukee, Wis., Attending Surgeon to the Milwaukee Hospital; Professor of the Principles and Practice of Surgery and of Clinical Surgery in the College of Physicians and Surgeons, Chicago, Ill.

The above reprint of a paper read before the American Surgical Association, April 29, 1886, has appeared upon our table. We regard its appearance as most timely, as the surgery of the pancreas has heretofore been almost a *terra incognita* in the profession. The operations heretofore considered admissible have been for the cure of cysts and the formation of an external pancreatic fistula. Our author has based his conclusions upon quite a number of apparently careful and painstaking vivisections, and

It is wonderful to us that so many and such unusual positions, speculation, and opinion should be maintained with so much of good taste and so little of offensiveness. These qualities, combined with an elegant style, leave jealous and carping critics nothing whereon to hang objections.

It would afford us pleasure to give its contents an extended notice, for it may well be classed among the delightful books of our art.

**THE PHYSIOLOGICAL, PATHOLOGICAL, AND THERAPEUTICAL EFFECTS OF COMPRESSED AIR.** By A. H. SMITH, M.D., late Surgeon to New York Bridge Company; Physician to Presbyterian Hospital, New York, etc. 112 pp. The Physicians' Leisure Library. Geo. S. Davis, Detroit, Mich. 1886.

Six chapters giving the history of caisson work and of the disease, the effects of compressed air and cases the author has collected and observed, are followed by one of suggestions and another on therapeutical uses. We hope for Dr. Williams's sake that there are not many assertions in the book of the same latitude as one in this last chapter, which conveys the impression that it would be difficult to enumerate within the limit of fifteen pages, "the conditions in the treatment of which this agent has been found more or less useful."

**TRANSACTIONS OF THE TEXAS STATE MEDICAL ASSOCIATION.** Eighteenth Annual Session, held at Dallas, Texas, April 27, 28, 29, and 30, 1886. Printed for the Texas State Medical Association. 8 vo. Cloth, pp. 691.

The Texas State Medical Association and its Committee of Publication are to be congratulated on one of the handsomest and most elegant volumes of Society Transactions that we have ever seen. As an outcome of the malarial belt, it is rather a "stunner," and will compare more than favorably with those from more intellectual (?) localities on this continent, or even "Yurrupe."

The handsome cloth binding, elegant paper, and neat typography would be a credit to the most enterprising and completely

equipped publishing house of the most metropolitan city of either continent. But Texas is a great State, with great doctors, and a future that will yet prove marvelous.

We regret exceedingly that we have not space to give a full and extended review of the subject-matter contained in the elegant volume before us. A brief examination convinces us, that from the minutes of the meeting, and the President's address, to the very full and comprehensive index, it is teeming with good things, and will furnish mental pabulum for many a good feast, prepared by the very progressive and talented members of the medical profession in Texas.

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### *Editorial.*

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#### REGULATION OF THE PRACTICE OF MEDICINE BY LAW.

We have given considerable space this month, as in the preceding, to the views of some of our correspondents in regard to this subject. We had intended to have our say, to some extent, in this number, but the pressure on our pages and time prevent it. We cannot refrain, however, from giving the following extract from an address by the President of the Texas State Medical Association, Dr. E. P. Becton, of Sulphur Springs, Texas, delivered at the last meeting of the Association in Dallas, April 27, 1886, and which we find in the very handsome volume of Transactions just received.

We fully endorse the views of Dr. Becton on this subject, which are as follows :

"I am now, and have ever been, opposed to asking for any legislation in behalf the medical profession. In this I am aware of the fact that I differ from a majority of this Association. I have heretofore, as a member, acquiesced in the will of the majority, and have done what I could to aid in carrying out that will. But as President of this Association, I feel it my duty to recommend that no action be had at this meeting looking to asking the Legislature to pass any law to 'regulate the practice of medicine.' I believe, with my loved and la-

mented teacher, the great Bowling, that 'medicine and things medical belong to medical men.' The educated physician needs no protection, except such as the law gives every good citizen. Quacks cannot be suppressed by legal enactments. As has been truthfully said by an honored member of this Association: 'They find place and favor in all professions and avocations, and are simply the outgrowth of human corruption, and doubtless will be found in all human institutions this side of the millennium.' Vile imposters and pretenders are found in the pulpit, at the bar, in politics—every-where; and every effort to rid our profession of them and to elevate the standard of honorable medicine by legislative enactments will prove abortive. Let our annual meetings be gatherings of educated gentlemen, for the purpose, as is so happily stated in our Constitution, 'of organizing the medical profession of the State in the most efficient manner possible; to encourage a high standard of professional qualifications and ethics, and to promote professional brotherhood.' If the people want protection from quacks, pretenders, and irregular practioners, let them ask for it; let them invoke the aid of this Association, and it will be cheerfully accorded. An effort that we might make in their behalf would, as has been done, be misconstrued and treated with contempt. This Association cannot afford to knock at the door of the Texas Legislature until that body has learned to appreciate the honor, dignity, and purity of the medical profession and the value of human life. Let us elevate the profession, asking no favor of any earthly tribunal."

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#### MINUTES OF REGULAR MEETING OF THE DAVIDSON COUNTY MEDICAL SOCIETY.

CITY COUNCIL CHAMBER, OCTOBER 5, 1886.

The meeting was opened at 10:30 A. M., by Dr. J. F. Grant, temporary chairman, besides whom there were present Drs. Blackman, Cain, De La Rue, Crawford, Eve (P. F.), Haggard, Roberts, Wright, and Arnold.

The name of Dr. Boyd, of Donelson, who was present, was presented for membership.

In the absence of the Committee on New Members, to-wit, the two Vice Presidents, Dr. Blackman moved that the rules be suspended, and that the Secretary be empowered to enroll the names of Dr. Boyd

and Dr. A. S. Champe (proposed at the preceding meeting), casting the unanimous vote of those present for them. The motion prevailed.

A copy of the Constitution and By-laws was exhibited by the Secretary, bearing the signatures of approval of Drs. R. F. Evans, J. F. Grant, and W. F. Glenn, of the Judicial Council of the State Medical Society.

Dr. Blackman's paper on "Malarial Fever," and its consequent discussion, next occupied the attention of the body. Dr. Arnold led this, and Drs. Cain, Grant, Eve (P. F.), Crawford, and Roberts took a part.

The Chairman of the Executive Committee reported the following programme: An essay on "The Pathological Conditions Due to the Period of the First Dentition," by Dr. J. Y. Crawford; Dr. E. D. Wright to lead the discussion.

Dr. Paul F. Eve's motion to change the time of the regular meeting from 10 o'clock A. M. to 7:30 P. M. was seconded by Dr. Blackman, and, as soon as it was carried, the meeting adjourned.

WILL F. ARNOLD, M. D., *Secretary*.

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**SURGEON-GENERAL OF THE UNITED STATES ARMY.**—Lieutenant-Colonel John Moore, Assistant Medical Purveyor, who has for some time past been stationed at San Francisco, Cal., as Acting Medical Storekeeper, has been appointed by President Cleveland to the position of Surgeon-General of the army. He was the fifth on the list of Lieutenant-colonels of the medical corps in the line of promotion. Surgeon-General Moore is a native of Indiana, from which State he entered the army in 1853. His first active service was in Florida, where he relieved Dr. W. A. Hammond during the second Seminole war. He was promoted Major in 1862, and was breveted Lieutenant-colonel in 1864, for gallant and meritorious services during the Atlanta campaign, and the following year, having served as Medical Director, he was breveted Colonel.

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**THE PAUL F. EVE MEDICAL SOCIETY** was re-organized by the students of the Medical and Dental Departments of the University of Tennessee, in the College Building, October 23d. The following



officers were elected : W. F. Crumk, of Shelbyville, Tenn., President ; A. A. Francis, of Knoxville, Tenn., Recording Secretary ; Oscar Hasenkamp, of Chattanooga, Tenn., Treasurer ; J. S. White, of Kentucky, Corresponding Secretary ; J. H. Allen, of Greenville, S. C., Sergeant-at-Arms.

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A RISING SON.—A young friend of ours returning late one night, found a nondescript dish to be the only edible occupant of the dining-room. After some hesitation he partook of it, and retired. The mother asked at the breakfast table next morning what had become of her slighted dish of "cerealine." Our friend cried : "You have relieved me very much ; I thought I had eaten a poultice, therefore I arose early."

---

DE PROFUNDIS.—The office-boy of a medical friend, last January, persistently begged his employe for a drink, by pantomime and otherwise. His wish was gratified, after half a drachm of quinine had been added as a carminative. Language is powerless to give his crestfallen look ; but as his eyes grew large and tearful, he turned away with whimpered soliloquy : "I gwine right straight and find me a fly."

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EVERY professional man, every library, and every school should have a copy of *The Supplemental Dictionary*, published by the Interstate Publishing Company, of Chicago and Boston. Too much cannot be said in its praise. Circulars descriptive of it will be sent on application, or the book can be ordered through any of the leading book stores.

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DECEMBER, 1886, and the close of the eighth volume having arrived, renewals of subscriptions are now in order !

THE  
Southern Practitioner

AN INDEPENDENT MONTHLY JOURNAL

DEVOTED TO MEDICINE AND SURGERY,

NASHVILLE, TENN.

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EDITORS AND PROPRIETORS:

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